13e STREET ADDRESS / ZIP CODE 119 HomeWood Road 21090 MIDDLE Chandoa ADDRESS Same As #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) STATE Burial 1987 Meadowridge Mem. Park Elkridge Howard Maryland 24 FUNERAL DIRECTOR JAN 13 1987 Julia Dinder Rendale Home Glen Burnie, Maryland Funeral

STATE OF MARYLAND

MONTH

YRS

1 more

YEAR

877

IF UNDER 1 YEAR

INDUSTRY

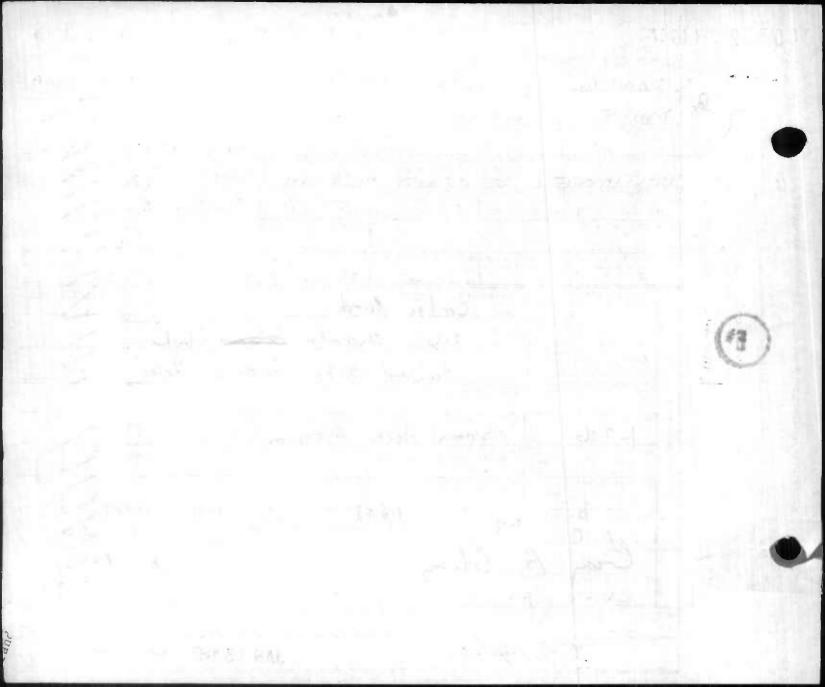
26 HOUR

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

Westinghouse

DHMH - 16 60M 7/B4 (VRA 15, 4)



## STATE OF MARYLAND

1.	- STATE REGISTRAR			DEPART		ICATE OF DEA	ATH	8 REG. NO.	0 1	2	1 9	
	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH MONTH	DAY Y	rE AR	26 HOUR	_
(ITP)	E OR PRINT)	LEO	COSMOS	HUBBARD			2-1		23 8	7	6151	1-M
3. SE	X		4. RACE	101213	S. DATE C		-	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER		IF UNDER 24 H	RS
	M		W		9 ON	5-01 DAY	YEAR	85	'RS	DAYS	HOURS M	M.
	RTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	X		9. BALTIMORE CITY OR COL		TH		
13	Marylai	nd	U.A.	·A .	MARRIE			Balto City				MD
Ba	ITY OR TOWN OF DE		11. NAME OF I	HOSPITAL, NURSIN HEACILITY, GIVE STREET Lenes Hos	G HOME (			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  Accountant.	ING LIFE) INDU	IND OF ISTRY Nemic	BUSINESS	$\overline{}$
3a. :	AL RESIDENCE HE NU STATE aryland	How	NIA	136. CITY OR TOW Ellicot	N	13d. INSIDE CITY YES NO	LIMITS?	13e.STREET ADDRESS / ZIP (		1043		
M E	ATHER'S NAME		WIDDIE	LAST		15. MOTHER'S MA		ME MIDDLE		LAST		
1	Charles		v.	Hubbard		Sara		Agnes	Hutso			
	WAS DECEASED EVE		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		4924ESEas	stwood	Pla	ce	
	No	(# 125, 6)	TE TRANSPORTES	215-03-	2762	J.Franci	Ls Hub	bard Ellicot	t City	Md.	21043	
CERTIFICATION	Se12UM	y, which neediate ing the ise last.  GNIFICANT:  ATION  DERLYING	DUE TO, OI  CONDITIONS CC  SONDITIONS  196 CONDI  A YA  216 TIME O	MONFORWHICH	DEATH BUT MEATH OPERATION	aspirati N WAS PERFORME	en pi	20a AUTOPSY? 20b. 1	YAGOS IF YES, WERE F ERTIFYING CA YES	FINDING AUSES C	GS USED OF DEATH?	hus
CAL	(IF EITHER NOTIFY MEI		ain		19							
MEDICAL	WHILE NOT WAT WORK	VHILE	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUN	NTY	STATE	
		sed olive or	V /	2-3 19	97,01		r) opinian c	, to 1/23 death occurred on the date onc	hour and fra	m the co	ot (l) (we) l ouses stated	ast
	226. PHYSICIAN'S N	JAME (TYPE	Ju	ne 71	111	DEGREE ATTE PHY: 220 ADDRESS	NDING SICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		DATES!	3/87	,
	Paul	Gi	Ines.	MD.		St. 1	Agne	s Hosp.				
23a. E	BURIAL, CREMATION	I, REMOVAL			AME OF C	EMETERY OR CREA	MATORY	23d. LOCATION CITY OR TOWN	COUNTY		STATE	
24.5	Burial		1/26/	87	Loudo	n Park		Baltimore			Md	
		VITZKE	& FAM		Colu	mbia Rd.	1 1 1 1 C	REC'D. BY REGISTRAR 256 RE	GISTRAR'S SI	GNATU	RE-	
	FUNERAL H	OME. I	NC	E11i	cott	City, Md2	1043 2	7 1987 Ada	Distain	· Marie	-	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any

				T	Analyzaki
Condeni.	Accountaint		fullyses a m		711
P1. 21043	VEST Statistical		Willcoit City	Brewoll	Hazyland
mostal	eschi	Sarah	hrmddidl	.7	
			_113-03-2752 J.		

(3)

Bordel | 1/23/07 | Doming Park | Deligh | Military | 1112 Dolored | Doming | Dolored | Doming | Dolored | Doming | Domin STATE OF MARYLAND

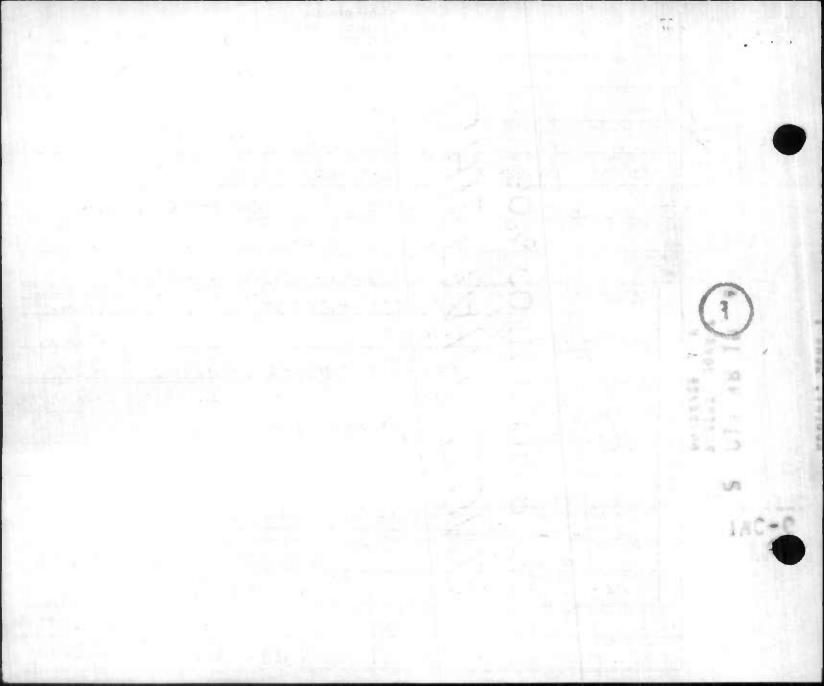
8	7 PEG NO	0	1 :	2	2	1
	REG. NO.				-	

1403	4 0 JAN 12	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  CERTIFICATE OF DEATH  REG. NO.  1. 2.	2 0
<u>ه</u>	poge 3		26 HOUR 6:35P
44 >OCE	ector, pag	SEX Male  4. RACE 5. DATE OF BIRTH  5. AGE (IN YEARS LAST BIRTHDAY)  White  5. DATE OF BIRTH  MONTHS  DATS  YEAR  5. AGE (IN YEARS LAST BIRTHDAY)  FUNDER 1 YEAR  MONTHS  DATS	IF UNDER 24 HRS HOURS MIN.
	in 72 hou	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Balto.  7b. CITIZEN OF WHAT COUNTRY?  MARRIED X NEVER MARRIED DIVORCED DIVORCED DIVORCED	MD.
10	by the furthfiled with	D. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE  11. NAME OF HOSPITAL (170 OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BETH.	Steel
MARYLAND 2120	filled in nould be myst be	USUAL RESIDENCE (# NURSING   NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136 STATE 138 COUNTY 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 136. White Marsh 13d. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 136. STREET ADDRESS /	Marsh
	ampletely and 2 sh xomine	FATHER'S NAME  FIRST  JOhn  V.  HUbert  Barbara  C.  Fili	
ALTIMORE,	Pages 1	boswas deceased ever in u.s. armed forces?   166 Social Security No.   17 Informant   Address   (Yes, No or unknown)   (If Yes, Give war or dates)   212-20-4703   Charlotte B. Hubert, 5206 Bangert St	
<b>an</b> 5		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) (ARDIAC ARREST ST	mate interval onset and death
PRESTON ST.,	-	Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSE	Days
5, 201 W.	burial, cr	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0	OKS
VISION OF VITAL RECORDS, 201	n. ges pen si permit. The ne prior to	190. DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 100 AUTOPSY? 1206 IF YES, WERE FINDIN IN CERTIFYING CAUSES (	IGS USED OF DEATH?
OF VITAL	physicio errificant ial-trafsit ntal Hygie	OR CONTRIBUTION CONTRACTOR DEATH HOUR A.M. MONTH DAY YEAR	NO []
NOISION	offending stranger h and Me riked or It	THE EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK CAN AND OR AT WORK COUNTY  WHILE AT WORK AT WORK CAN AND OR AT WORK COUNTY  THE EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21l. LOCATION  STREET  CITY OR TOWN  COUNTY  COUNTY  THE EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19	STATE
9-	Spheros Crook. A derose o n 21 is mo	sow the deceased alive age to be sold of the body after death.  19 89 , and that in (may) (our) opinion death occurred an the date and hour and from the cabave, (in (we) (did) (did) ew the body after death.	
	ny the horse to detached to the DIRE	276. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRE	5/86
OH OH O	erained by the should be determined by the Stote	NAJI BADDOURA JOHNS HOPKINS HOSPITA	9'L
	BP	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY OF COUNTY DESCRIPTION BALLO.  Parkwood Cemetery 236. DAYE BEGIND BY BY BEGIND BY BY BEGIND BY	

DHMH - 16 60M 7/84 (VRA 15, 4)

John C. Miller, Inc., 6415 BElair Rd. 21206

SIGNATURE JAN 8 1987

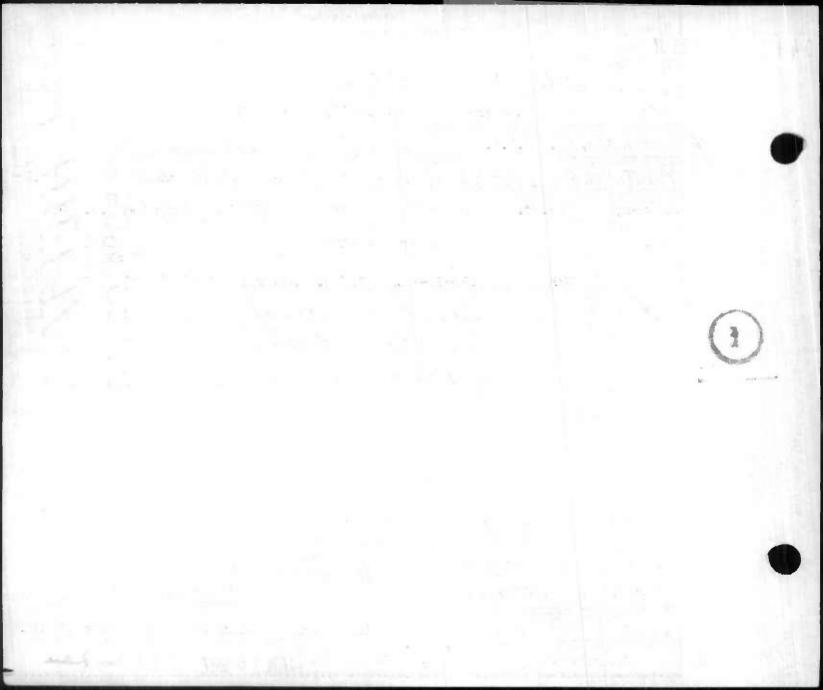


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	-	. 116 0 10 1111 111					REG. N	O.		
		CEASED NAME FIRST CARA	Aloi	LS H	_	CHER	2a. DATE OF DEATH	MONTH D.	AY YEAR	26 HOUR S
- 1	3. SE)		1. RACE		S DATE O	OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	F UNDER I YEAR	IF UNDER 24 HRS
		ale	Caucasi	ian	Augu	ist 17, 1909	77	YRS.	ONTHS DAYS	HOURS MIN.
6		enthplace (State OR FOREIGN	U.S.A.	WHAT COUNTRY	Y? 8. MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY S		CITY	A MD.
6	10.CI	TY OR TOWN OF DEATH ALTIMORE		OSPITAL, NURS		CENTER	12a. USUAL OCCUPAT (1YPE OF WORK FOR MOST Taxi Cab			portation
5		AL RESIDENCE (IF NURSING HOWE OR STATE OUT)	OTHER INSTITUTION.	GIVE RESIDENCE BEFO OXON HI		13d. INSIDE CITY LIMITS?	1313 South	/ ZIP CODE iern Av	e S.E.	20745
6		THER'S NAME FIRST	MIDDLE	Hubsi	her	Anna FIRST	ME		Sibel	
2	16a W	VAS DECEASED EVER IN U.S. AR. 15. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	166 SOCIAL SEC		Ted M. Hubso	her Arbu		Elm R	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT		line for (a), (b), o	dinc	asre	ot :		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
200		Conditions, if any, which gove rise to immediate couse (a), stafing the underlying cause lost.	(b) DUE TO, OR		HENCE OF Quin	Shock		IDIZIONI CIVIS		
1	CERTIFICATION	PART 2. OTHER SIGNIFICANT C				N WAS PERFORMED	200 AUTOPSY?	20b IF YES,	WERE FINDIN	IGS USED
1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	RT   OR PART ?)	13
	MEDICAL	216 INJURY OCCURRED  NOT WHILE  AT WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE	E, FARM, ETC )	211 LOCATION STREET	_CITY OR TO	OWN	COUNTY	STATE
		22a 1 certify that (I) (this hospi saw the deceased alive on above, (I) (we) (did) (did na	1-9	19	(2)	nd that in (my) (aur) apınian	death accurred an the d	ate and havi		that (I) (we) last causes stated
,		Sher A	Hash	ni		DEGREE ATTENDING PHYSICIAN [	MEDICAL STA		22c DATE	SIGNED 7-87
1		SHER A H	ASHM	'/		2600 LIBE	RTY HEI	GHTS	AUE	21215
		URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION		COUNT	# 17AB
		irial	1/14/87			ill Cemetery	Suitland	Princ	ce Geor	ge's Md.
	24 FL	INERAL DIRECTOR Lee F	uneral 1	iome, Ir	iC.	25a DA	TE REC'D. BY REGISTRAF	256 REGISTR	AR'S SIGNAT	URE

OHAM 15.4) 663 Old Alexander Ferry Rd Clinton; Md 20735

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Divideon Budias

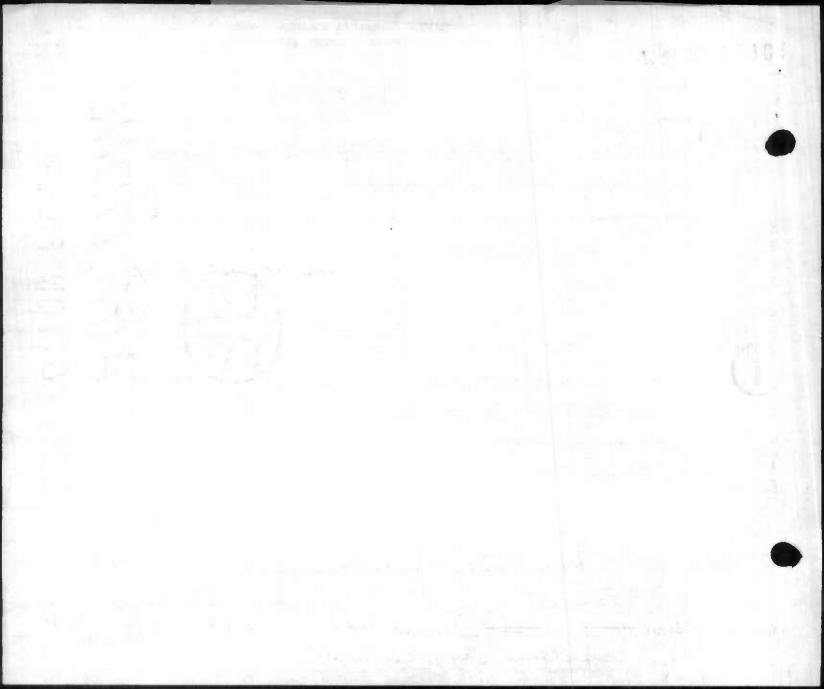


## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DELVE	IMENT OF HEAL	ILL WIAN WELALWELL OFFIA	E .
MEDICAL	EXAMINER'S	CERTIFICATE OF DEA	BH /

REG. NO	) 1	2	2	2
NOWNYX	MONTH	DAY	YEAR	Zb. HOI

	11-	FOR STATE		AAI		MENT OF							Ω	1 2	')	2
8 9 JAN	1.69	REGISTRAR CEASED NAME	FRST	****	MIDDLE	EAAMIN	ER J C	LAST	CAIL			REG.	NOW MONII	H DAY	YEAR	2b. HOUR
48E	(199	t of Henry	MARK			HUDG	INS				OF DEATH	ESTI-	□ 1-1			
	I SE	Te.	RACE	5. DATE OF BIRTH		6. AGE (IN YEA	ARS IF UNI		IF UNDER		2c DATE		MONTH	H DAY		2d HOUR
		Male	Black	2-9-60		26 YE		SDAYS	HOURS	MIN .	PRONOUN		1-1	-87	10 5	:27R
5	70. B	RTHPLACE (STATE		76. CITIZEN OF V		VTRY?	R	D NE	VED AAADD	IED 🔽	9. BALTIM	ORE CITY		NTY OF DE		
è	2	Maryla	nd	U	J.S.		WIDOWE			ED Ba	ltimo	re	City			MD
į	li C	TY OR TOWN OF	DEATH	11. NAME OF HO	SPITAL, NU	IRSING HOME	, OR OTHE	ER INSTITU	TION	12a. USU	AL OCCUP	PATION (	TYPE OF WORK	K 12b. KINI	INDUSTRY	
		Baltimor				Hospit					-				1	- 1
	13a. S		13P CORN.	R OTHER INSTITUTION, O		E BEFORE ADMISSION OR TOWN		13d INSIDE C	ITY LIMITS?	13e. STRE	ET ADDRE	SS				
		Md.			В	alto.		YES 🗌	NO 🗌		610 G	old	St.21	217		
į	14.77	THER'S NAME		MIDDLE		LAST			R'S MAIDI	EN NAME	M	IDDLE		LA	AST	
	16 n N	Oscar VAS DECEASED E	VED INITIO ADA	AED EODOFES	Wa	rd	014.	DO 17 INFORA	ris			Hud	dgins		7	
	{Y	ES, NO, OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)	100 300	CIAL SECORII		A 1		no 1	503			100	T	
	-	4,4-7-1	FATH (Enter onl	y one couse per lin	0 60 4 (0) 15	· 4 / > >	!	your Co	1	7		-7 (	WAUA	APP	PROXIMATE II	NIFRVAL
		PART I DEAT	H WAS CALISED	BY: E CAUSE (o) MU			ot wo	unde						BETWE	EEN ONSET	AND DEATH
			IMMEDIAT			VSEQUENCE (		unas								
			if ony, which to immediate	(b)												
		couse (o) st	oting the under-	< , ,	R AS A CON	NSEQUENCE C	OF.					7				
		lying couse	1057,	(c)										4	-6	
	Z	PART 2 OTNER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO CEAT	N BUT NOT RELA	ATEO TO THE TERM	INAL OISEASE	OR CONDITION	N GIVEN IN PA	RT 1 a						
	CERTIFICATION	190 DATE OF O	PERATION	196 COND	ITION FOR	WHICH OPER	ATION WA	AS PERFOR	MED?		-			20 AU	JTOPSY?	
	H.													YE	ES 🔀	NO 🗆
١	CER	210 EXTERNAL		21b. TIME C		DAY YEAR		W INJURY	OCCURRE	D (ENTER N	ATURE OF INJ	URY IN ITEM	18 PART I OR F			
	CAL	CONTRIBUTING	CAUSE OF D			19		ject	shot							
	MEDICAL	21d. INJURY OC		21e PLACE STREET, FA	OF INJURY	(AT HOME	211 LOC				CITY OR TOW	VN		COUNTY	15	STATE
I	-	AT WORK	NOT WHILE X	stree	CTORY, FARM, E				McCu	ulloh				nore,		
		220. I certify	that I took charge	e of the remains de	escribed obc	ove, held on	Autopsy	y X.	Inspectio	n .	Inquiry		ond in my	opinion		TEV
		deoth resulted	from Notur	ol causes ,	Accident	Sui	cide .		ide X.	Undete	rmined mo	nner [	].			
		ACTUAL	(1000	FA	· A	0 0		TITLE (S	- ,					14.7		
4		SIGNATURE_	July	well	5 Ja	VIL	M.[	D. AS	sista	anthedic	CAL EXAM	INER	DATE	NED 1-	-2-87	
		EXAMINER'S NA	ME M	argarita	A Ko	rell	M D		111	Penn	Stro	et				
1	22- 01	TYPE OR PRINT										CL				
	TOU	PECIFY Remo		1.2.07		acred acred	Hea	CREMATO	JKT	Sa. LOI	CATION	O.	with	UNTY (	mil	1
	24 F	JNERAL DIRECTO	)R	1.		MARK	4		25a. DATE I	REC'D. BY		R 25b RE	GISTRAR'S	SIGNATU	RE	
1	1	-1/2, 3h	nesalA	me 195	047	h. Com	tral	00	JAN	18	1987	10	15		424	



	REGISTRAR			EALTH AND MENTAL	HIGIEINE	
		MED	ICAL EXAMINE	R'S CERTIFICATE	OF DEATH / REG.	NOO 1 2 2 3
1111	CEASED NAME FIRST		MIDDLE	LAST	20 DATE KNOWN	MONTH DAY YEAR 26 HOUR
-	Thon	าลร		Hudson, Jr	OF ESTI- DEATH MATED	□ 1 23 187 A
3. SE)		5 DATE OF BIRTH	6. AGE (IN YEAR	S IF UNDER TYR. IF UNDE	R 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR
M	. В.	2 24	44 42 YRS	MOTHER DATA	MIN PRONOUNCED DEAD	1 23 187 1:55
7t. B	RTHPLACE ISTATE OR	76. CITIZEN OF WH		X	1 BALTIMORE CITY	Y OR COUNTY OF DEATH
50	C .	USA		MARRIED NEVER MAR	RIED U	
	TY OR TOWN OF DEATH			WIDOWED TO DIVOR		TYPE OF WORK 126 KIND OF BUSINESS
1		(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
	Baltimore AL RESIDENCE (IF IN NURSING HOME		ruid Hill A		UNEMP.	
13a. S			13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	TH AVE 2/2/7
	dh dh		BALTO.	YES X NO		ILL AVE.
14. F/	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAI	DEN NAME MIDDLE	LAST
T	HOMAS		- HUDSON, S	R. ALMETA	HART	HUDSON
Iáa V	VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECURITY		ADDRE	
	(IF YES, GIVE	WAR OR DATES)	219386716	CLODIA H	UDSON 4904 ELM	ER AVENUE
NO	III CAUSE OF DEATH (Enter or	ly one couse per line		TOLUKIA D	0030N 4304 LLM	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSE	DBY: Int		hemorrhage		BETWEEN ONSET AND DEATH
1	IMMEDIA	TE CAUSE (0)	AS A CONSEQUENCE OF		1	
	Canditions, if any, which		AS A CONSEQUENCE OF			
1	gave rise to immediate	(b)				
	cause (a) stating the <u>under</u> lying cause lost.	DUE TO, OR	AS A CONSEQUENCE OF			
1		(c)				
	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH D	UT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN	PART 1 Iq.	
O N		ion & Alco				
13	19a. DATE OF OPERATION	196 CONDIT	ON FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
E						YES X NO
CERTIFICATION	210 EXTERNAL CAUSE WAS	216 TIME OF		21c HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM	
	UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR			
MEDICAL	714 INJURY OCCURRED		FINJURY (AT HOME.	21f. LOCATION		
ME	WHILE NOT WHILE I		DRY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK					
	22a I certify that I took char	ge of the remains desc	ribed abave, held an	Autopsy . Inspect	ian , Inquiry .	and in my apinion
	death resulted fram: Notu	ral couses ,	Accident . Suice	de . Hamicide	Undetermined monner	].
			117	TITLE (SPECIFY)		
	ACTUAL SIGNATURE	41-		Mp Assistar	T MEDICAL EXAMINER	DATE 1/2/87
1	JOHN COL			M.D. 2200 0000	MEDICALEXAMINER	SIGNED
	EXAMINER'S NAME TATE 1 7	iam M. Zar	ne. M.D.	ADDRESS ]	111 Penn St.	Balto MD.
1	TYPE OR PRINTS VY L. I.			ADDRESS -		AND THE PARTY OF T
73a R		73h DATE	734 NAME OF CEAS	TERY OR CREMATORY	123d LOCATION	
(5	URIAL, CREMATION, REMOVAL			ETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
Bl	URIAL, CREMATION, REMOVAL	1/28/87		CEMETERY  1250. DATI	LANSDOWNE	COUNTY STATE  EGISTRAR'S SIGNATURE

THE THE SENAN

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

					,	
3	REG. NO.	0	1	2	2	di
0.5	DE LYLL	man de		W		-

h or	FOR STATE REGISTRAR	DEPARTN		CATE OF DEATH	SIENE 8 %	0	122	the
	EASED NAME FIRST	WIDDIE	lA	ST	20. DATE OF DEATH	MONTH DA	Y YEAR 26 HOL	JR
TTYPE	WALTER	F .	HU	LSE SR.		1 23	3 87 11:4	16 A
1. SEX	X [4.	RACE	5. DATE OF		6. AGE   IN YEARS LAST BIR	alle de la	FUNDER I YEAR IF UNGER	
	Male	White	1 2	14 1905	81		ONTHS DAYS HOURS	11 AA
7a. BI	IRTHPLACE (STATE OR FOREIGN 76	b. CITIZEN OF WHAT COUNTRY?	9		9. BALTIMORE CITY O	PR COUNTY C	OF DEATH	
	Maryland	U.S.A.	WIDOWED		Baltimore			
1	Baltimore	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A St. Agnes Hospi	ital	R OTHER INSTITUTION	(TYPE OF WORK FOR MOST O Printer		IZE KIND OF BUSING INDUSTRY Printing	ESS C
13a. S	ALRESIDENCE (# NURS ID NOME OR OI STATE ryland Salti		N	13d INSIDE CITY LIMITS? YES NO 🔀	926 Bards	ZIP CODE	Md. 212	228
) FA	ATHER'S NAME FIRST Charles	DDLE LAST Hulse		IS MOTHER'S MAIDEN NA Estelle			Daugherty	
160. W	WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES) 212-09-4		17 INFORMANT Anna Hulse Sa	me as 13e.	SS		
NOI	PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CHISEOTE	sec	NOT RELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIVE	N IN PART 1(a)	_
A	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	I WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS USE ING CAUSES OF DEA	TH?
TIFIC								
ICAL CERTIFICATION	71a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	ET I OR PARE 2)	
MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	19	211. HOW INJURY OCCUR 211. LOCATION STREET	RED (ENTER NATURE OF INJUI			STATE
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK	H HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY JAI HOME, STREET, FACTORY, OFFICE, FA  31) attended the deceased from 10	19 ARM ETC )	ZII LOCATION	CITY OR 10	wn, 19	COUNTY :	STATE we) le
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  71d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  720. I certify that (I) (this hospital saw the decosed alive on	H HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY JAI HOME, STREET, FACTORY, OFFICE, FA  31) attended the deceased from 10	ARM ETC )	211_ LOCATION STREET . 19 If that in (my) (our) apinion EGREE	CITY OR 10	wn , 15 bte and haur c	COUNTY :	state we) lo
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE AT WORK ALWORK  220.1 certify that (1) (this hospital saw the deceosed olive on obove, (1) (we) (did) (did not)	H HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, FA  31) ottended the deceased from 150 151 152 153 154 155 155 155 155 155 155 155 155 155	ARM ETC )	211_ LOCATION STREET . 19 If that in (my) (our) apinion EGREE	city OR TO	wn, 15	27c DATE SIGNED	we) la

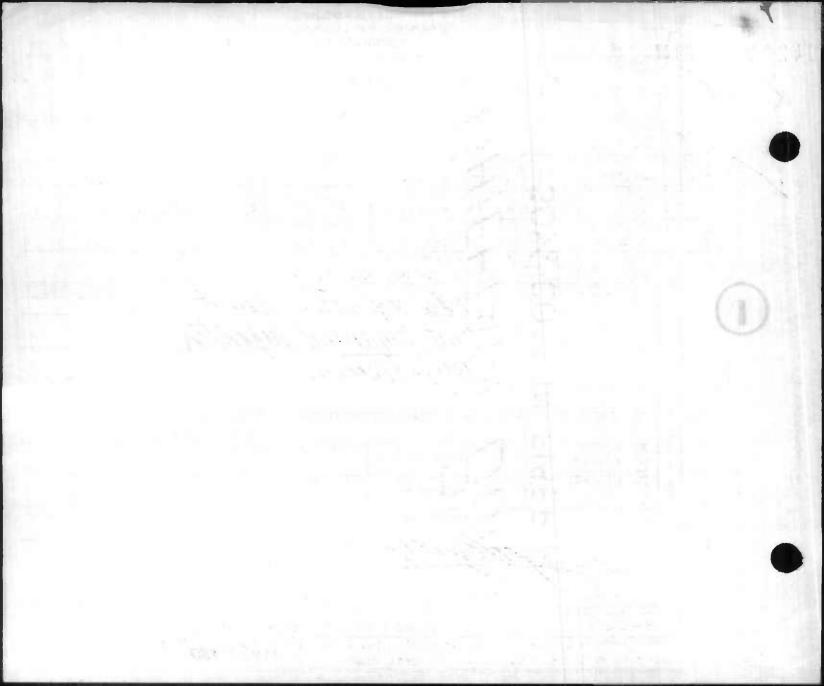
DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

Leroy M. & Russell C. Witzke Funeral Home

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE



042561 FEB

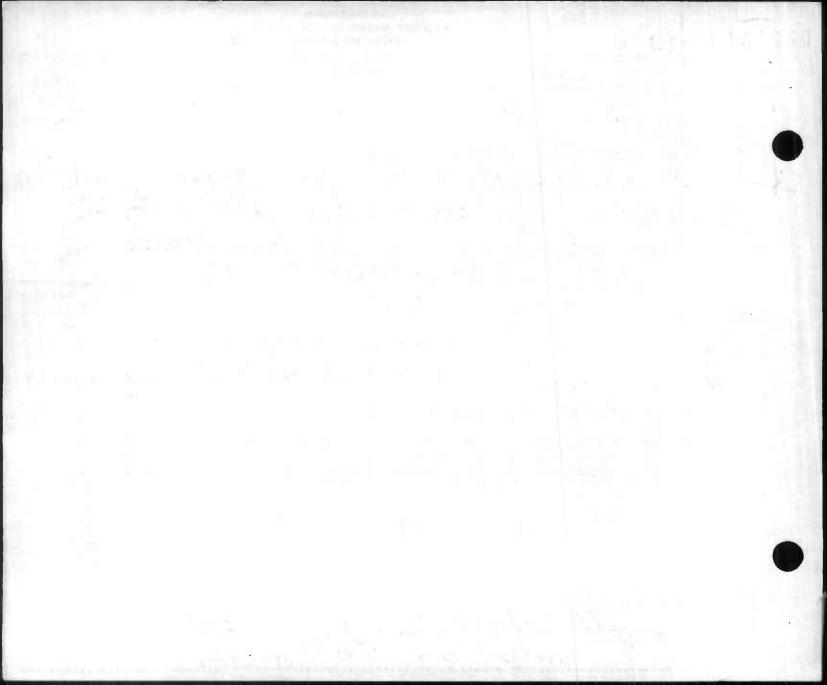
TATE OF MARYLAND
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### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	7	O	1	2	2	
	REG. NO.					

12	FOR STATE REGISTRAR		EALTH AND MENTAL HYG	IENE 8 7	01225
	PHOEPING PHOE		ITER		MONTH DAY YEAR 26. HOUR 1249 M
1	F	1. RACE S. DATE C. MONTH	of BIRTH	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.
1	BIRTHPLACE (21AM DEFOREIGN COUNTRY)	WIDOWE		BALTIMO	RECOUNTY OF DEATH
B	CITY OR TOWN OF DEATH ALTIMORE CITY	11. NAME OF HOSPITAL, NURSING HOME OF CLITTY, GIVE STREET ADDRESS)  MEDICAL	CENTER	120. USUAL OCCUPATION (TYPE OF WORK FOR MOSTO)	SN F WORKING LIFE) THOUSTRY
J.	STATE A DESCOU	NOTIFIC DE PRESCRICI NECRE ADMISSIONE INTERNATIONE INTERNATIONAL INTERNA	134. INSIDE CITY LIMITS?	3 STREET ADDRESS	Fert at SP1217
1	FATHER'S NAME	MEDIE LAW	15 MOTHER'S MAIDEN NAM	12/	loon IAST
160	THE MOON UNITED BY THE OF	MEMBER DATES 166 SOCIAL SECURITY NO. 120-24-800	Stello Ric	hardoon	APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH
TION	Conditions, if any, which gove rise to immediate course (0) starting the underlying course list.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF OUR TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT		OPHABUS	
CERTIFICATION	IN DATE OF OPERATION			YES NO	IN CERTIFYING CAUSES OF DEATH?  YES NO
MEDICAL CE	OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH DAY YEAR P.M. 19  21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.)	716 HOW INJURY OCCURR	CITY OF TO	
	saw the deceased alive a	Hashing	nd that in (my) (our) opinion of DEGREE  MD ATTENDING PHYSICIAN [  172e ADDRESS  2600 CIBER	MEDICAL STAF	11AN 2 1-29-81
22	II JRIAL, CREMATION, REMOVA	1 236. DATE 1 236 NAME OF C	EMETERS OR CREMATORY	236 LOCATION CITYOR TOWN	5 COUNTY STATE
N. Z	HALP TUNE	1/ HAM 1 384 1 ( )	intra Par 250 DAT	e rec'd. by registrar V 28 1987	25b. REGISTRAR'S SIGNATURE

DHMH = 16 60M 7/84



# STATE OF MARYLAND

Ċ.	7	
0	REG. NO.	

1.	FOR STATE REGISTRAR			DEPART		EALTH AN	D MENTAL HYC F DEATH	8 / 0	1 2	2 0
i O	CEASED NAME	FIRST		MIDDLE	1	AST		REG. NO.	DAY YEAR	26 HOUR
	E OR PRINT)	3707 7 7	. 173	W.	*****	7777		JANUARY 21, 19	987	2;52A M
3 SE	Y	NELLI	4. RACE	VV e	HUNTI S. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE	
	female		black		MONTH			55 VPS	MONTHS DAY	S HOURS MIN.
70. B	IDTHDI ACE	R FOREIGN		WHAT COUNTRY?	8			9. BALTIMORE CITY OR COUN		
San	COUNTRY) Alaba	ma	USA		WIDOWE	DŽ	R MARRIED DIVORCED	BALTIMORE	CITY	MD.
В	BALTIMORE		THE	OSPITAL, NURSIN OHNS "HOP!	KINS I			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Disabled.		O OF BUSINESS OR
130	AL RESIDENCE (IF NU STATE Md	13b COUP		Baltimos	VN	13d. INSIDI YES 🔀	E CITY LIMITS?	130.STREET ADDRESS / ZIP CO		21205
H F	ATHER'S NAME FIRST Madie		MIDDLE	Washing	gton	15. MOTHE	FIRST	AME MIDDLE		LAST
	WAS DECEASED EVE			166 SOCIAL SECT		17 INFOR	MANT	ADDRESS		
1	YES, NO OR UNKNOWN)	( IF YES, GIV	E WAR OR DATES)	240-38-2	2573	Andre	w Handy	1906 Ashland A	Avenue	
- 3	18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	ily ane cause per D BY: [E CAUSE (a)	line for (a), (b), an	ndici.	RRES	ST			OXIMATE INTERVAL EN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last:  DUE TO, OR AS A CONSEQUENCE OF MYO CARDIAL INFARCTION  DUE TO, OR AS A CONSEQUENCE OF THROMBOTIC THROMBOCYTOPEN'C PURE  (c) THROMBOTIC THROMBOCYTOPEN'C PURE							Non	e hour seven	
z	PART 2. OTHER SIG	9.				NOT RELAT	TED TO THE TERM	WINAL DISEASE OR CONDITION	GIVEN IN PART	Jio Crawy
CERTIFICATION	190 DATE OF OPER	ATION	19b. COND	CLIMON )	H OPERATIO	N WAS PER	RFORMED	200 AUTOPSY? 206. IF	YES, WERE FINE RTIFYING CAUS YES []	DINGS USED SES OF DEATH?
	210. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEA	HOUR A.		AY YEAR	21c. HOW	INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART   OR PART 7	,
MEDICAL	21d. INJURY OCCU	WHILE	21s. PLACE (AT HOME ST	OF INJURY REET FACTORY, OFFICE,	FARM ETC )	211 LOCA	ATION REET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that ( saw the deced abave, (1) (Ne)	(I) (this hospi osed alive on (did) (did no	tal) attended the	e deceased fram_ 21 after death.	4-7		ny) (o v) opinian	ta Jan U death occurred an the date and t	have and from t	_, that (I) (ve) last he causes stated
	226. SIGNATURE	glot				DEGREE	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DA	TE SIGNED
	224 PHYSICIANS	GELS		M. P.		22e. ADDI 600 N		ST. BALTO.,MD.	21205	
	BURIAL, CREMATION (SPECIFY) Buria		23b. DATE 1/26/				or crematory 1 Park	23d LOCATION CITY OF TOWN Randallstown	COUNTY	SIATE Md
24 F	Wm. C. Ma	rch F	/н 110	1 E. Nor	th Av	enue	25a DA	AN 27 1987	ISTRAR'S SIGN	ATURE COLORS

DHMH - 16 60M 7/84 (VRA 15, 4)

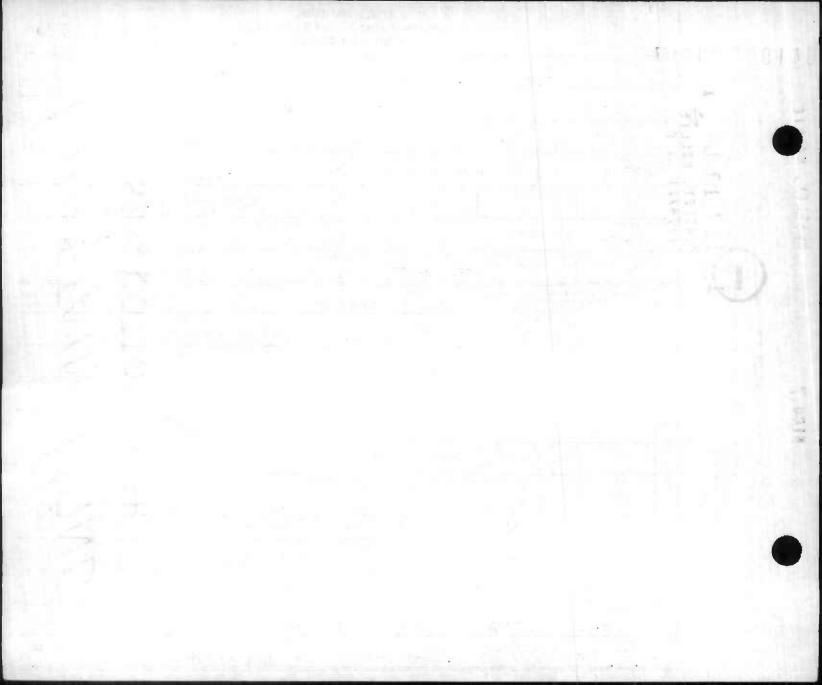
BP.

should be detoched for use as the buriol transit permit. Then plea with the State Dept. of Health and Mental Hygiene prior to burial

TO FUNERAL DIRECTOR: After this certificate has been

morked or Item 18 shows ony

IMPORTANT: If Item 21 is

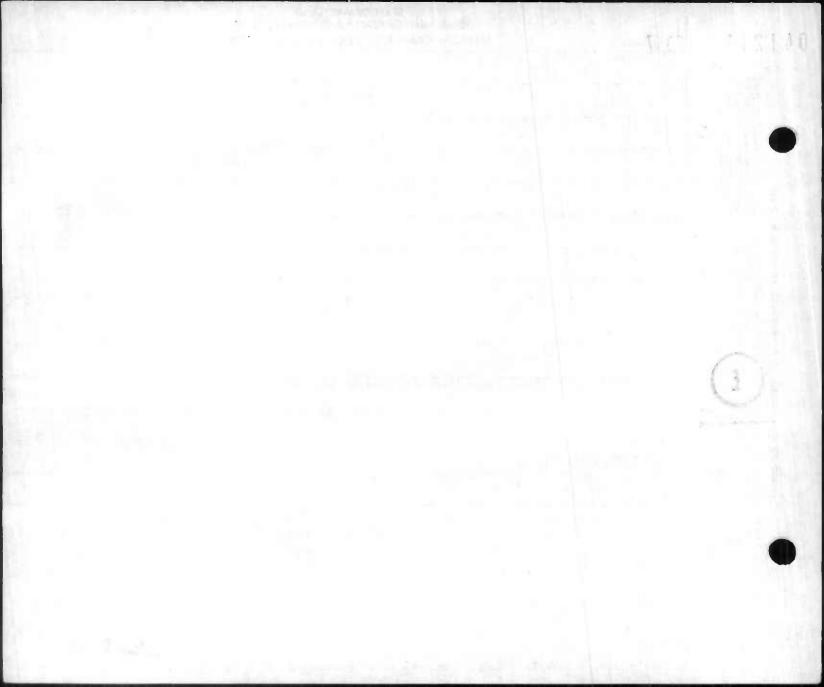


24. FUNERAL DIRECTOR

W.C. March F.H. 4300Wabash Ave.

**DHMH - 17** 

(VR A15 ME (5))



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DEGRASED NAME 20 DATE KNOWN X TYPE OR PRINT) DEATH MATED Flora A. Ireland 1/19 87 4 RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH 2c. DATE 24 HQUE LAST BIRTHDAY) PRONOUNCED 32 YRS 19 87 FEMALE BLACK 1954 a a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MARYLAND U.S.A. DIVORCED XX Baltimore City, 10 CITY OR TOWN OF DEATH WAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! University Hospital Shock Trauma Baltimore ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONIL COUNTY 13e. STREET ADDRESS 3a. STATE 13c. CITY OR TOWN 134. INSIDE CITY LIMITS? MARYLAND A.A. NNAPOLIS 2106 Bay Ridge Avenue 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LLOYD WILLIAMS SARAH WILLIAMS Annapolis, Md. 21403
LLOYD WILLIAMS 2106 Bay Ridge Avenue 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) 214-62-1901 18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PRESTON ST. ART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) COMPICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXTREMENT THE WORD "RENDING PROPERTIES THE CHIEF MEDICAL BY THE CHIEF MEDICAL SHOULD BE USED AS A HORD DEATH OF THE CHIEF MEDICAL WITH THE STATE DEPARTMENT OF HEALTH BALLINGER. WARTLAND, 21201 PRIQR TO BURIAL, CREMENT OF THE BALLINGER. 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 210 EXTERNAL CAUSE WAS TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 11:45PM 12/31/19 86 subject occupant of auto/fixed object impact TIE PLACE OF INJURY (AT HOME 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK Rt. 32 & Dicus Mill Rd., Anne Arundel Co., Md. roadway 220 I certify that I took charge of the remains described above, held an Inspection and in my opinian Accident X death resulted from: Homicide \_\_\_ Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL Deputy ChiefDICAL EXAMINER 1/1/87 SIGNATURE EXAMINER'S NAME Dixon, M.D. TYPE OR PRINT) Ann M. 111 Penn St. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 1-6-1987 07/84 Annapolis REGISTRAR'S SIGNATOR TYLAND Annapolis, Md. DHMH - 17 TLLTAM REESE & SONS MORTUARY, P.A. Aulia Dividson Pandale JAN (VR A15 ME (5))

A. T. CARRY I TWO A MALES PARTY

2	87	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	BIENE 8 / REG. NO	0 1	2	29
		CEASED NAME FIRST CODES S	Garvin, Ervin	1) Jac	KSON	20 DATE OF DEATH W	1 14	YEAR 87	26 HOUR
	3. SE)	F	8 RACE	5. DATE (		64	YRS.		IF UNDER 24 HRS HOURS MIN.
5	· c	South Carolina	TE CITIZEN OF WHAT COUNTR  USA	MARRIE		Baltimore city or	City		MD.
5		Balto.	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACHITY, GIVESTIN GOOD Samar 1	tan Ho		12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		NDUSTRY	F 8USINESS OR
1	13e. 5	AL RESIDENCE (IF NURSING HOME OR C TATE 13b COUN			13d. INSIDE CITY LIMITS?	2 STREET ADDRESS Y	ZIP CODE St	21	223
0		John		nett		Rorie		nnett	
		VAS DECEASED EVER IN U.S. ARA YES, NO ORUMKNOWN) (IF YES, GIVE	WED FORCES? 166 SOCIAL SE 243-14		Theordore Ja	ackson 505 E Magno	Everh	J	
		18. CAUSE OF DEATH (Enter onl PART). DEATH WAS CAUSED IMMEDIATE	E CAUSE 10) blater	al cer	reprovascula	ir acciden	+	BETWEEN	WATE INTERVAL HISET AND DEATH
	100	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	tensu	o ^				
	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	<u>O DEATH</u> BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN IN	PART 110	
2	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
7		?10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART LO	OR PART 2)	
-	MEDICAL	21d. INJURY OCCURRED  WHILE ONOT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E. FARM ETC )	211. LOCATION STREET	CITY OR TOW	N	OUNTY	STATE
		22a.1 certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did not	<u> </u>	, a	nd that in (my) (aur) apinion	, to death occurred on the dat	e and havr and	fram the c	
		b. SIGNATURE  HOW ACL! LE  HAPHYSICIAN'S NAME (TYPE OR	16		ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICI		22c DAJES	1/87

231. NAME OF CEMETERY OR CREMATORY

CTATE OF MARYIAND

DHMH - 16 60M 7/84 (VRA 15, 4)

MAPCISTANT, If the

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

74 FUNERAL DIRECTOR
MARCHE FUNERAL HOME 1101 E. NORTH AVENUE

236 DATE

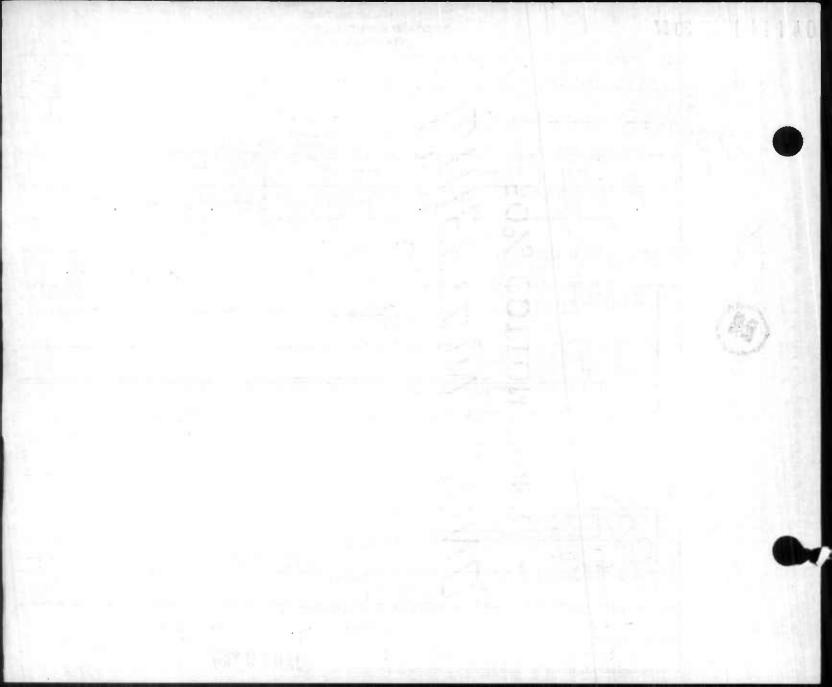
1/20/87

ATORY 23d LOCATION
CITY OR TOWN

Baltimore City

250. DATE REC'D. BY REGISTRAR'S D. REGISTRAR'S STONATURE Baltimore Cem.

STATE



010010	1.	FOR UNK.#87-21	D		MARYLAND H AND MENTAL HYGI	IENE			
042249 1	111	STATE 7 REGISTRAR	MED	ICAL EXAMINER'S		33	1230		
2		CEASED NAME FIRST		WIDDIE	LAST	20 DATE KNOWN MONTH	II. HOOK		
ASE SES.		Thoma	IS		ckson	DEATH MATED XX 1-			
S NECESSARY, PEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. DO, WITHIN 72 HOURS I W. PRESTON STREET,	3. SEX	М	5 DATE OF BIRTH	29 58 YRS.	NDER 1 YR. IF UNDER 24 HI	PRONOUNCED DEAD 1-	-21 19 87 6:34 p. M		
IS NECESSARY, E FUNERAL DIR E S FOR YOU ED, W. PRESTON	FC	RTHPLACE (STATE OR DREIGN COUNTRY)	USA	WIDO	RIED NEVER MARRIED [ WED [X] DIVORCED [	Baltimore Cit	EV. MD		
ANY DELAY IS N AND 3 OTHE FU HEIGHT PAGE 5 HOURD BEFILED.		TY OR TOWN OF DEATH Baltimore	700 blk	ITAL, NURSING HOME, OR OTI LITY, GIVE STREET ADDRESS) E. Lombard S		USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) DISABLED	OR INDUSTRY		
ANY D AND 3 RETAIN RECORD		AL RESIDENCE (IF IN NURSING HOME TATE 13b. COUR	OR OTHER INSTITUTION, GIVE NTY	RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN BALTIMORE	13d. INSIDE CITY LIMITS? 13e	STREET ADDRESS ST.	APT. 7 C.		
E MD	14. F	ATHER'S NAME FIRST	MIDDLE UNK.	LAST	15. MOTHER'S MAIDEN NA	MIDDLE UNK.	LAST		
INO PAR SS INO SN INO	16a. \	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS			
IRS AFT S GIVE WITH R DIVISIO	N	0		227300837	NANNIE MIT	CHELL 900 N. LUZ	ZERNE AVE.		
A HOUR FEM IS WENCE WILLIAMS W	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Stab Wounds of Chest								
IN 2 IN II IN II I		Canditians, if any, which		*CATABAGGEROCK					
W. P.		gove rise to immediate cause (o) stating the under	(b) HYD	othermia					
R SZNEON		lying couse lost.		wning			10.1.110.00		
		PART 2 OTHER SIGNIFICANT CONDITIONS	(0)	2	SE OR CONDITION GIVEN IN PART 1 :0				
PECOLDS PEOCOLDS PECOLDS PECOLDS PEOCOLDS PEOCOLDS PEOCOLDS PEOCOLDS PEOCOLDS PEOCOLDS PEOCOLDS PEOCOL	NO								
SED A	CERTIFICATION	190. DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPERATION V	VAS PERFORMED?		20 AUTOPSY?		
S CERTIFICATE SHOT RITING THE WORD REED TO THE CHIE 22 3 SHOULD BE USE E DEPARTMENT OF	E E	71g. EXTERNAL CAUSE WAS	215 THAT OF I	NJURY (est.)   21c H	OW INTURY OCCUPANT	NTER NATURE OF INJURY IN ITEM 18 PART I OR	YES 🚺 NO 🗌		
VISION OF THE CATE THE THE THE THE THE THE THE THE THE T		UNDERLYING XXOR CONTRIBUTING CAUSE OF	HOUR A.M.	MONTH DAY YEAR					
ISIO ISIO ISIO ISIO ISIO ISIO ISIO ISIO	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	INJURY (ATHOME 211 LC	DCATION	abbed-recovered f	rom water		
13AAAE	WE	WHILE NOT WHILE X	street, FACTO found	in water 70		bard St., Balto.	Maryland state		
MER: THI CATE, W FORWA FORWA THE STA AND, 213		220 I certify that I taak char			psy XX Inspection	. Inquiry, ond in my	opinian		
RECEDENCE AND SECOND SE		death resulted from: Note	ral couses	ccident, Sukude	Homicide X . Un	ndetermined manner,			
CAL EX THE CE SHOULD SHOULD SHE, WA		SIGNATURE COLL	w Xm	egov munic	D Assistant	MEDICAL EXAMINER SIGN	TE 1-22-87		
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	-	(TIPE OR PRINT)	nis F. Smyt			St., Balto., Mo	21201		
	23a.B	URIAL, CREMATION, REMOVAL	1/27/87	23c NAME OF CEMETERY C	DR CREMATORY 236		DUNTY STATE		
07/84 BP		UNERAL DIRECTOR		MT, ZION	250. DATE REC'D	D. BY REGISTRAR'S	SIGNATURE		
DHMH - 17 (VR A15 ME (5))	MA	NAME ARCH FUNERAL HOL	ADDRESS	NODTH AVE	JAN 2	8 1987 Julia Sin	son Poster		



182	. 5 JA	Na	g <b>l</b> 8	FOR STATE REGISTRAR	DEPA	RTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 7 0	1231
pe	age 3 death			EASED NAME FIRST RRC	PH		APFE	20 DATE OF DEATH MONTH	6 87 26 HOUR 1
зе 4 тоу	ctor. po		3 SEX	<b>∼</b> ⁄ALE	4 RACE WITE	5. DATE (		4 1102 (111111111111111111111111111111111	IF UNDER 1 YEAR IF UNDER 21 HRS
eoth. Pog	151	V		OUNTRY)  S A ILLINOIS	76 CITIZEN OF WHAT COUNT USA	RY? 8 MARRIE WIDOW	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH MI
s ofter d	14	17		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OF
24 hour	100	36	13a. S	L RESIDENCE (IF NURSING HOME OR TATE 136 COUN			13d INSIDE TTY LIMITS?	130.STREET ADDRESS / ZIP CODE	APT. E
ed within		00		THER'S NAME	JAFFE LAST		15 MOTHER'S MAIDEN NA	AME SIE SI	LVERMAN
oe execut	Poper Poper	1	16a W	AS DECEASED EVER IN U.S., AR	MED FORCES? 166 SOCIALS E WAR OR DATES) 555-40		17 INFORMANT MR. 406 TALAHI	RD. VIENNA, VA	22180
certificate b	ng physicia bonpaperi r removol.			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY E CAUSE (a)	PCA	RDIAC ELFC		APPROXIMATE INTERVAL
ne death	e attendi emove cor notion, a			Conditions, if any, which gove rise to immediate		IOCAN	WECHBUICH	AL DISSOCIATION	J
es that th	please re priof, crer , or other			underlying couse last	DUE TO, OR AS A CONSE		NOT BELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN CAPT La
require	it. Then ior to bu		ATION		NOSP. ALLS	57		4	, WERE FINDINGS USED
The fow	sit permi	2	CERTIFICATION			CIT OF ENAME		YES NO YES	YING CAUSES OF DEATH?
SICIAN:	certificate riol-transit ental Hygi- frem 18 shi	9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		RRED (ENTER NATURE OF INJURY IN ITEM IB PA	ART I OR PART 2}
DG PHY	fter this os the but th ond M	*	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFF	ICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	4 E			22- 1 - A25 - A	-15 - 44 41 1 - 1	01	3	0116	10 7 3

should be detached for us with the State Dept of Hei MPORTANT

FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

ALEX HARMATE MO JAN. 18, 1987 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

saw the deceased alive an Ol band after death.

SINAI HOPP. BALT MO

KING DAVID MEM. 1236

DEGREE

22e ADDRESS

23d LOCATION CHURCH COUNTY

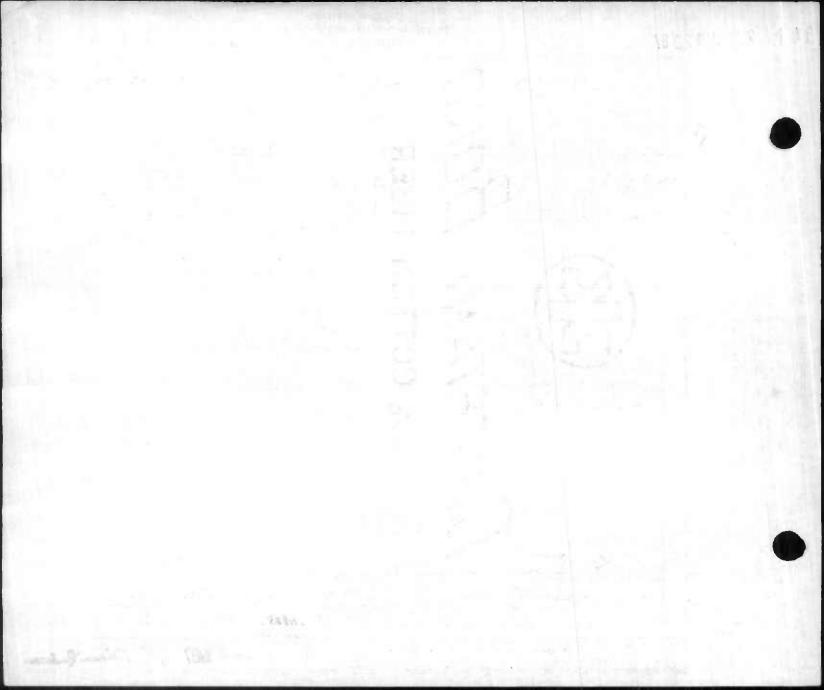
and that in (my) (aur) apinion death occurred on the date and haur and Iram the causes stated

ATTENDING MEDICAL STAFF

22c. DATE SIGNED

 $V\!A^{\mathsf{TE}}$ 

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215



06 FE	В	-13-	FOR STATE REGISTRAR			DE	PARTM	ENT OF H	OF MARY	MENTAL HY	GIENE 8	REG. NO	0	ı	2	3	2
			EASED NAME	FIRST		MIDDLE		U	st		26 DATE C	OF DEATH	MONTH	DAY	YEAR	Zъ. HOU	R
oge 3 death				Frank		Р.		Jarz	ynski			Ja	.110		987	_ 2	:08
ofter o		3. SEX		4	. RACE			5. DATE O	F BIRTH	NE . S	6. AGE (IN	YEARS LAST BIR	(HDAY)	IF UNDER	T YEAR DAYS	IF UNDER	24 HRS. MIN.
ector rs of			Male		White	9		Oct		1892	94		YRS.				14414.
Pon Pon	1		THPLACE (STATE OR FO	DREIGN 7	CITIZEN OF	WHAT COU	NTRY?	8 MADDIE	□ NEVE	R MARRIED -	9 BALTIM	ORE CITY O	R COUNT	Y OF DE	HTA		
n 72		7	laryland		US	A		WIDOWE		DIVORCED [	Balt	imore	City				MD.
within go	1	10. CII	Y OR TOWN OF DEA	TH 1		HOSPITAL, N			R OTHER IN	ISTITUTION	12a USUA	L OCCUPATION FOR MOST O	ON		(IND OF	BUSINE	SS OR
led th	0	Ba.	Ltimore						ette 8	&Broadwa		borer	WORKING	11400			
pe de	0		L RESIDENCE (IF NURSI	NG HOME OR C	THER INSTITUTION	131. CITY O	E BEFORE A	DMISSION)		CITY LIMITS?		ADDRESS	/ 7IP COD				
Filled bould b			ryland	138 COOK			timo		YES T	NO 🗌	2021	Easte			123		
sher sh			THER'S NAME						15 MOTHE	R'S MAIDEN NA	ME						
exo a so			FIRST UNKI		IDDLE	ŁA.	ST			FIRST	NOWN	MIDOLE			LAST		
0	_	Ióa W	AS DECEASED EVER I	N U.S. ARM		16h SOCIA	LSECUR	ITY NO.	17 INFOR		TACAMIA	ADDRE	SS				
Poges		( Y	ES, NO OR UNKNOWN)	( IF YES, GIVE	WAR OR DATES)	017 6	1 0	200	er-s *1			-01		_	0.1	261	
ers.	1		No		-	1217-0			FOMS R	d Jarvyr	isici /	721 Wa	rsav	AVC.	APPROXIA	ATE INTER	IVAL
popularion	- 1		18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSED	BY:				TMONIA	nv Annre	لناء			3.0	TWEENO	NSET AND	DEATH
Don Don Cev				IMMEDIATE	CAUSE (o)				LIMOIVAL	RY ARRES	5.1			_			
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natio	Ī		Conditions, if any, gave rise to imm	ediote	1p)_				FIBRI	LLATION							_
e e e	- 1		couse (a), stating underlying cause	the last	DUE TO, O	OR AS A CON	ISEQUEN	ICE OF									
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-		CERTIFICATION	19a DATE OF OPERAT	ION	19b CONI	DITION FOR V	WHICH C	PERATIO	WAS PER	FORMED	20a AU	OPSY?	20b. IF YE				
No Per	4	FIG									YES	ПОИ		FYING C.	AUSES (	OF DEAT	
Hygie B sho	$\pm 1$	ERT	71a. ACCIDENT WAS UND	ERLYING	21b. TIME	OF INJURY			21c HOW	INJURY OCCUR					ARI 2)		
	G	-	OR CONTRIBUTING C		,	A.M. MONT	H DAY										
5 0 4		MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR			OF INJURY		19	71f LOCA	TION							
the bu		ME	WHILE NOT WHI			TREET, FACTORY,	OFFICE, FAI	RM, ETC )	STR			CITY OR TO	WN	COU	MIA	5	TATE
os t Ith o	- 1		AT WORK AT WOR	K -				Ianua	F17 30	10 87		Januar	v 30				
Hearis			220.1 certify that (1) saw the decease	this hospite	l) offended f זבנומבד.	he deceased	19_8			19 O / ny) (our) opinion						not (I) (v	
d fo			obove, (I) (we) (d	id) (did not)	view the bod	y atter death.	17			iy, (oor) opinion	Geom occur	rea on the do	ore one no				) led
te Dep			226. SIGNATURE Melun	Loc	lunst	Y		*	DEGREE	ATTENDING PHYSICIAN [	MEDICA	L STAI		120	DATES	2) 8	37
old be deto	П		224 PHYSICIAN'S NA	ME (TYPE OR	PRINT)	7			22e ADDR								
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5 4 ₹ ¥ -		-	IDIAL CREWATION !		Tan dies		T 22. 61	1115 05 0			Te21 100	LACHTAG					

23c NAME OF CEMETERY OR CREMATORY

401 S, Chester St.

23d. LOCATION CITY OF TOWN

Holy Rosary Cometery Baltimore County Md.

250 DATE REC'D. BY REGISTRAR' 256 REGISTRAR'S SIGNATURE
FEB 2 - 1987 Julia Davidson Res

S, Chester St.

STATE

Julia Davidson Rondon

DHMH - 16 50M 4/83 (VRA 15, 4)

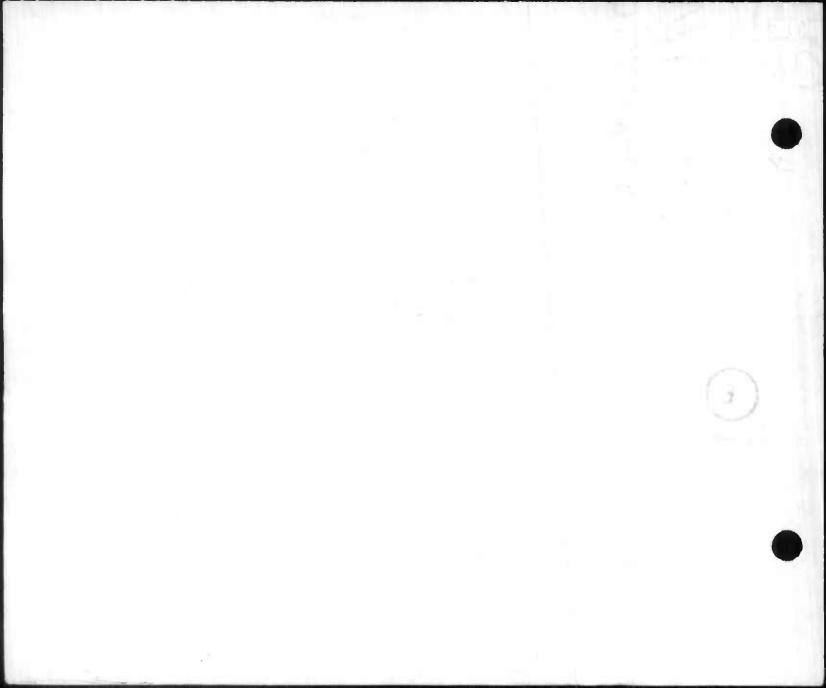
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236. BURIAL, CREMATION, REMOVAL 236. BATE
(SPECIFY)
BUTIAL 2-3

John M. Weber & Sons, Inc.

24 FUNERAL DIRECTOR

2-3-87



FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARY SEALTH AND SICATE OF	MENTAL HY	GIENE 8	REG. N	0		2.	3	3
Diff SED NAME	KATY		E.	J	AY	NIE B	2a. DATE	OF DEATH	MONTH   - 3	. 0		26. HOU	tsA
Fem.	ALE	4 RACE CAUCA	ASIAN	S. DATE O		o 4	6. AGE	YEARS LAST BIR		IF UNDER	DAYS	# UNDER	24 HRS MIN.
70 BIRTHPLACE 1 ST.			WHAT COUNTRY?	8 MARRIE WIDOWE		MARRIED DI	21	ALT I	RCOUNTY		CIT	54	MD.
BALTI A	TORE		HOSPITAL, NURSING FACILITY, GIVE STREET			EN, HO	(TYPE OF W	OCCUPATION FOR MOST OF	E WORKING LE	EEL INDI	USTRY	BUSINE	
130. STATE	136. COU		GIVE RESIDENCE BEFORE	N		CITY LIMITS?		TADDRESS			-	GT.	2100
FATHER'S NAME FIRST	n B	MIDDLE FO	RD LAST			ES ECC	AME	MIDDLE		REC	54	10	EZ,
160 WAS DECEASED  (YES NO OR UNKNOW)		RMED FORCES?	166. SOCIAL SECU 214200.			ces E.					144 cch		ad (
18 CAUSE OF PART I. DEA	ATH WAS CAUS	inly one couse per ED BY: (TE CAUSE (a)	r line far (a), (b), an		mova	~ ~	Arr	ert.		BE	APPROXIM TWEEN O	NATE INTER	DEATH
Canditians, if gave rise to cause (a), underlying	immediate stating the	(b)_	R AS A CONSEQUE	ence of	large	a. He a	Andri ut [	solice	ufu	em	-، c,		
PART 2 OTHER	ifle	CVA	ONTRIBUTING TO	4	DIVE	على بك	Lare	ASE OR CON	_	de	4	67	I T

IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY 21f LOCATION COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased dive an above, (1) (we) kid did no and that in (our) opinion death occurred an the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT)

HARJIT SINGH

SOUTH BALTI GEN.

MEDICAL DIRECTOR

HARJIT SING

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

GEN- HOSBITAL

24 FUNERAL DIRECTOR

BURIAL

Glen Haven Park

Glen Burnie A A

STAFF PHYSICIAN 🔀

Md

24 FUNERAL DIRECTO

Raymond C. Fink Glen Burnie, Md 21061

2/3/87

DATE RECD. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE LONG TO STAND STANDARD ST

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR: A hould be detached for use th the State Dept of Hea

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ROWLING TO THE 12 1 and the contract 58 10 11 8 TOTAL STREET Emily Form A Total X Controlled A Controlled PROPERTY TOTAL PROPERTY OF MEN HOLD HOLD THE PROPERTY OF PO STANDARD & GETT ROBERTS CT AUGUSTAL ASSESSA CANTILLA gail grows file of especial and accepted beligable in

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#### STATE OF MARYLAND

8	REG. NO.	0	1	2	3
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1-	FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYG	IENE 8 7	0 1	2 3	al.
	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YE	AR 2b HOU	JR .
(1AbE	Ethel	R.	Je	enkins	January	30, 1987		M
3 SE	X	4 RACE	5 DATE (		6. AGE (IN YEARS LAST BIR			
	Female	White	Fe	b. 13, 1912	74	YRS MONTHS	DAYS HOURS	MIN
o BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY2 8		9. BALTIMORE CITY O		Н	
We	st Virginia	U.S.A.	WIDOW	D NEVER MARRIED DIVORCED	Baltimon	re City		MD
	Baltimore	11. NAME OF HOSPITAL, NUF			12g. USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKET			
13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR		OWN	13d. INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS / 821 W. 38	ZIP CODE 3th Street	21211	
14. F.A	ATHER'S NAME			15 MOTHER'S MAIDEN NA				
5	James	MIDDLE Plat	tt	Dora	WIDDLE	Shiff	lett	
	VAS DECEASED EVER IN U.S. AR		ECURITY NO.	17 INFORMANT	ADDRE	SS	21214	
	YES, NO ORUNKNOWN) (IF YES, GIV	VE WAR OR DATES) 214-22	2-2276	Viola M. Po	vleski 5704	Birchwoo	d Ave.	
NO	PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING  TO TENT	TO DEATH BUT	NOT RELATED TO THE TERM	In al Disease or con	DITION GIVEN IN PA	RT Ira	
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WH			20a AUTOPSY?	206 IF YES, WERE F IN CERTIFYING CA YES T		TH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURE		RY IN ITEM 18 PART I OR PAI	RT 2)	
MEDICAL	21d INJURY OCCURRED  ILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUN	îY 5	STATE
	22a I certify that (I) (this hospi saw the deceosed alive on above, (I) (we) (did) (did no	-10 10	01	nd that in (my) (aur) apinion of	deoth accurred on the do	ote and hour and from	that (I) (v	
	27b. SIGNATURE	m/	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	FF	DATE SIGNED	
	Dr. Donato	A. Vargas Jr.	M.D.	27e ADDRESS 4706 Harfo	ord Road Ba	altimore,	Marylar	nd
23a B	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY	ς.	TATE
	Burial	Feb 3 1987	Garden	s of Faith	Balti	more, Mary	land	
24 FL	JNERAL DIRECTOR			25a. DAT	E REC'D BY REGISTRAR	256 REGISTRAR'S SIC	WATURED	V.

DHMH - 16 60M 7/84

(VRA 15, 4)

Leonard J. Ruck, Inc. Baltimore, Maryland

FEB 3 1987 Devider Kandalle

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	0	1 0	7	3
/	U	line	13	9
REG. NO.				

	6	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 / CERTIFICATE OF DEATH 8 / REG. NO. 0 1 2 3 5							
	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH 1987 YEAR 126 HO								
	3 SE	ale	Caucasian		5. DATE OF BIRTH January 24 1914		6 AGE (IN YEARS LAST BI	YRS IF UND	DER TYEAR IF UNDER 24 MRS
5		BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF V		WHAT COUNTRY? 8  MARRIED  WIDOWE		D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF COUNTY OF DEATH		EATH MD.
C		Baltimore City		ospital, nursin es"Hospita	NG HOME OR OTHER INSTITUTION		124 USUAL OCCUPATION (1) 126 LINEO R MOST OF WORKING LIFE) INDOUGHE OF MOST OF WORKING LIFE)		
5	130.	AL RESIDENCE (IF NURS NO HOME OF		GIVE RESIDENCE BEFORE		YES NO	13e.S <b>1890</b> 7 <b>Classes</b>	don Avenue	21208
C		ATHER'S NAME Clarence Edward Jen	LAST	15 MOTHER'S MAIDEN NAM Thelma Viola Mrs Evelyn		M Jenkins 21208			
2	16a V	WAS DECEASED EVER IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)  166. SOCIAL SEC.  218–32				TYNO. 17 INFORMANT ADDRESS MAN			Maryland
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a).  SEPSIS							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  (c) Cardiac Sirus Syndrome & pacemaker						3 DAYS	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D  Thrombocy to penice, Acute re 190. Date of OPERATION 190. CONDITION FOR WHICH (				failure, Urin	6	infection  706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
7	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER)  216. TIME OF INJURY OR A.M. MONTH DAY YEAR P.M. 199							
	MED	VHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME, STRE	DE INJURY ET, FACTORY, OFFICE, FA	ARM, ETC.)	ZII LOCATION STREET	CITY OR IC	)WN C	OUNTY STATE
		220.1 certify that \$P(this hospital) attended the deceased from 17, 19, 37, to 19, 19, 19, that \$\&\epsilon\$ (we) last sow the deceased alive on 19, 19, and that in (\$\psi\$) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (\$\psi\$) (did) (did not) view the body after death.							
		228. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN  221. DATE SIGNED  1/9/8							1 9 87
		27d. PHYSICIAN'S NAME (TYPE OR PRINT)  BLAKE KUTSLITE  120e ADDRESS ST. AGINES HOSPITAL  900 CATON AND BALTIMORE, MD 21225							
	23a. E	BURIAL, CREMATION, REMOVAL (SPECHY)  BURIAL	23b. DATE 1/12/			iew Mem. Park	23d LOCATION CITY OF TOWN Sykesvi	5011	roll MD.
	8728 Liberty Road, Randallstown, MD. 21133  JAN 1 3 1987  JAN 1 3 1987								

DHMH - 16 60M 7/84 (VRA 15, 4)

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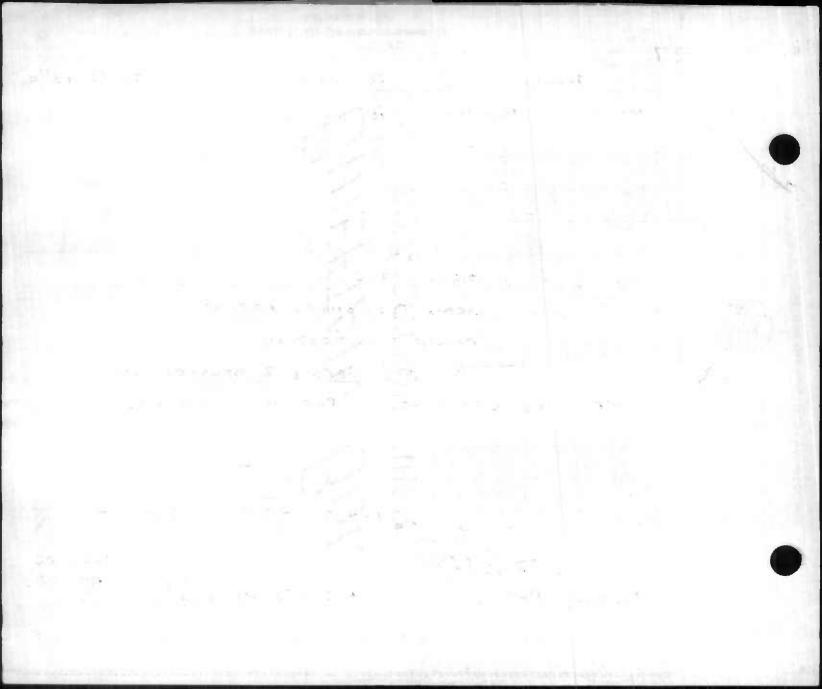
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	First adiabatic St.				
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Lookeut	a Cinaria. Local regulo	HID 657 1			

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1							REG. NO.	1 2	3 5
1		Of the C	WDDIE		LAST		OF DEATH MONTH	DAY YEAR	2b. HOUR
L							0)	26 87	10 AN
13	SEX			MONI			IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					03		77 YR		
			76. CITIZEN OF WHAT CO	DUNTRY? 8.	D NEVER MARE	RIED S 9 BALTI	MORE CITY OR COU	NTY OF DEATH	
1	h	esteptown Md.	U5H	WIDOW	ED DIVOR	CED D B	AHI MORE	2 City	MD
0	B	oftimes			OR OTHER INSTITUT		AL OCCUPATION WORK FOR MOST OF WORKIN		F BUSINESS OR
5	Ju S			ORTOWN		.9	ET ADDRESS / ZIP CO	od L't. 6	2/201
TOCASSED NAME  THE CHARMAN  TO CASSED NAME  THE BIRTHPLACE (STATE OF DEATH  TO OS OF DEATH  TO	THERSPLAME	1.04	+ I MERC			o steaming	001-1-0	1001	
	/	MBDLE	P. D. 1AS	ST					
			RMED FORCEST. 166 SOC	CIAL SECURITY NO.	17 INFORMANT		ADDRESS	- OKAM	reen_
	57			- 03 23	G & Da	ine Mil	10 ( KAY	no!	
1		7	Dury !		1-10-20	vive i m	e Sini	APPROX	IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSI	ED BY:	rias Pul	MONAR	Y ARRI	EST	BEIWEEN	ONSET AND DEATH
ŀ	2	IMMEDIA			1-70 1077 12				
1		Condition I am a bid	DUE TO, OR AS A C	ONSEQUENCE OF	ASPIRA	DON			
		gave rise to immediate	3		1 101 1 101				
1					SEPSI	SZD	EHYDRAT	1010.	
	NO	4 1			-		)		0
7	TIFICAT	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORME	D 200 A		YES, WERE FINDING TIFYING CAUSES	
7	8				21c. HOW INJURY	OCCURRED (ENTE	R NATURE OF INJURY IN ITEM	8 PART 1 OR PART 2)	
1	A		AID .		AL TO	-			
	EDIC		21e PLACE OF INJUI	RY			CITY OR TOWN	COUNTY	STATE
5	3	T WORK D HOT WHILE D	(AT HOME STREET, FACTO	RY, OFFICE, FARM ETC )	SIMEET	-	CITORTOWN	000111	STATE
11			oital) attended the deceas			9 87 to	1-26	r 1987	that (I) (we) last
al.	-	saw the deceased alive or	1-26	1987	nd that in (my) (our	) opinion death occi	urred on the date and	hour and from the	couses stated
71			at) view the body after dec	in.				22c. DATE	
			16/10	MAS	ATTE	NDING MEDIC	AL STAFF	1-2	6.82
$\dashv$		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			SICIAIN   DIRECT		MORE	E MD
1		AUDIO IT	PATE!		LIBER	ETY ME	Di CAL C		
+	2- 6			22. 14445 65			DCATION	, EMIRE	
1	(	SPECIFY)					CITY OR TOWN	COUNTY	STATE
b			1/30/8/	Garri	son Fores	t DATE DE C	wingsmills 9 1987	icad bir dioxi	ald.
1	4 FL			ADDRESS		TAN 2	到1987 万城	AD HINGS SUGNAT	CKE Z
- 0	1,1	C March E H	1300 Wahark	Asia	115 - 4				

DHMH - 16 60M 7/84 (VRA 15, 4)



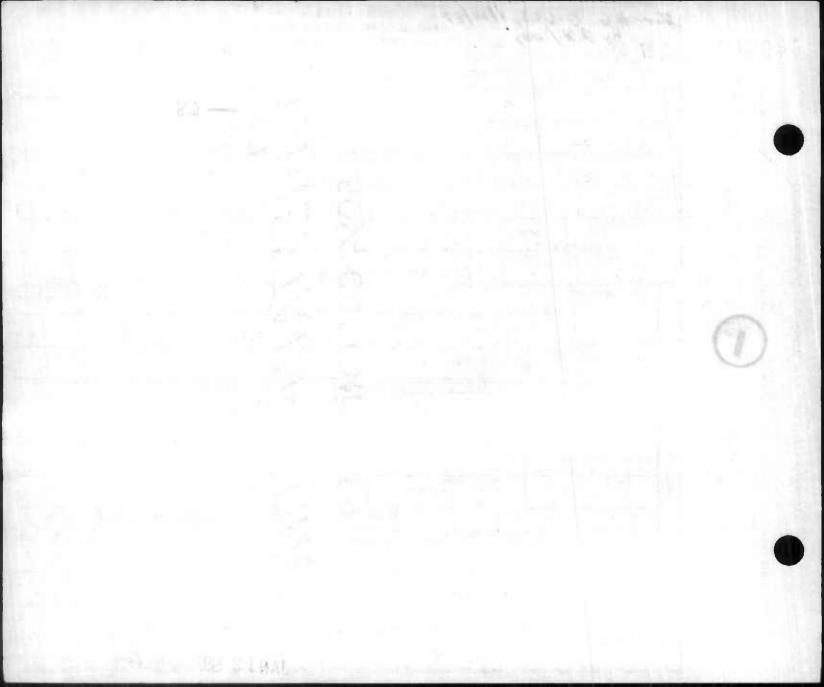
4300 Wabash

Julia Divideon Randows

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



0 6 JAN	130	FOR STATE PERSTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	BIENE 8 REG. NO. O	1238
deoth 3	(1)4	CEASED NAME 1851 NOKMAN	Williams	Jenning	/ /3	DAY YEAR 26 HOUR S 87 R3/M
8	1.58	PALE	Caucasion	S. DATE OF BIRTH OF MONTH DAY YEARS	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
		Md	75 CITIZEN OF WHAT COUNTRYS	MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	Baltimore C	
10 40	6	RALTO. AL RESIDENCE IN MORENCE COME	THE NOT IN SUCH FACHITY, GIVE STREET  HONES  HOSVERESIDENCE BEFORE	Spital	(TYPE OF WORK FOR MOST OF WORKING LIE  Machinist-I	oane Machine
125	134	Md. Ba	INTY 13c CITY OR TOV			o., Md. ster Ave.#2120
03	V	Charles	T LAST	Florence	MIDDLE	Reathman
1112	-	No	2/2 03	Orga Mrs. Marie	Jennings	#21207
tending phy is carbonipa on, as remov umalis event		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUE	Arrest ENCE OF		160
of cremotic		gave rise to immediate course in stating the underlying course fast	DUE TID, OR AS A CONSEQU	ENCE PF //	Inanysia	
of North	CATION	PART 2 OTHER SIGNIFICANT	CANCER	DEATH BUT NOT RELATED TO THE TERM		EN IN PART 110
The state of the s	CERTIFIC	216 ACCIDINI WAS UNDERLYING	87 Puptured Ab	dinas Area 3	IN CERTIF	YING CAUSES OF DEATH?
s and Merial rived of them	MEDICAL	DR CO-TENUTAR CET CAUSE OF D  JE SINGS, NOTIFI OCCURRED  THE INJURY OCCURRED  MAIL OF CHARGE C  AT HORE C  AT HORE C	75.01111	19 21f LOCATION	CITY OR TOWN	COUNTY STATE
Cot Health		220.1 certify that (I) (this has	pital) attended the deceosed from 19 19 19 19 19 19 19 19 19 19 19 19 19	, ond that in (aur) apinion	death occurred on the dote and hav	
Stote Dep		226 SIGNITURE A	Cole	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR   PHYSICIAN	220. DATE SIGNED 1-15-87
P # P P		THE PROSPERING A COUNTY OF THE	Control of the contro	116 MDDKE22		

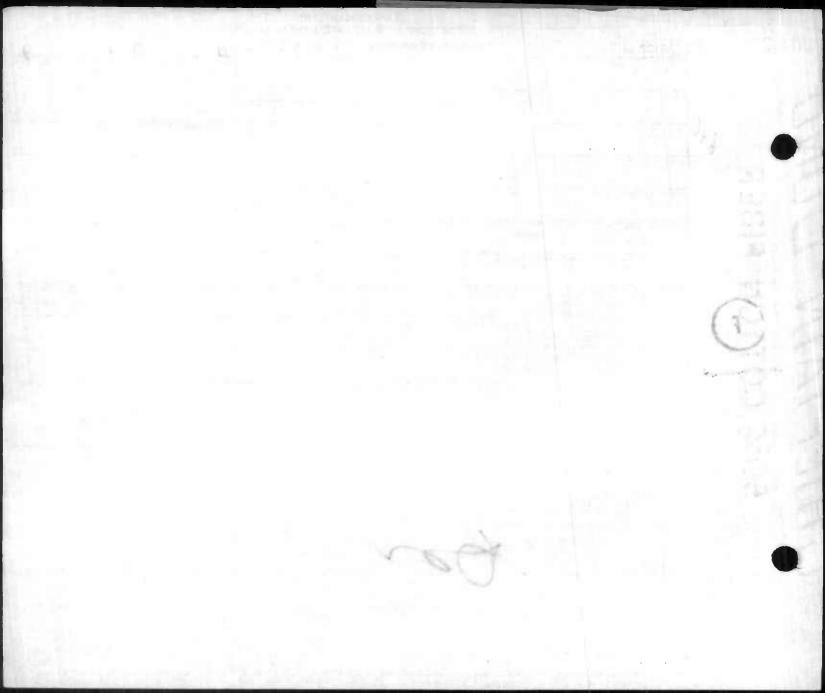
DHMH - 16 50M 1/81 (VRA 15, 4)

Burial Jan.19,1987 Meadowridge Cem. Howard Co., Md. Grunt Schwab, Funeral 5151 Balto.Nat Spate Record By Registrar 256 Registrar's Signature Director Pike - #21229 JAN 21 987

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Second   S	123
10. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   120 LOUND   1	
10 CITY OR TOWN OF DEATH   11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   120 LUSUAL OCCUPATION (TIPE OF POPENATION (TIPE OF TOWN) (TIPE OF POPENATION (TIPE OF TOWN) (TIPE OF TOWN) (TIPE OPENATION (TIPE OF TOWN) (TIPE OPENATION (TIPE OF TOWN)	17 97 19 5
Baltimore    State   County	7
186 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 167 NO RUNKNOWN   (# YES, GIVE WAR OR DATES)   166 SOCIAL SECURITY NO. 17 INFORMANT   N ADDRESS   147-18-9754   Rosa Jeter   824 Bradford   18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)   PART I DEATH WAS CAUSED BY:	OR INDUSTRY
166 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17 INFORMANT   N ADDRESS   147-18-9754   Rosa Jeter   824 Bradford   147-18-18-18-18-18-18-18-18-18-18-18-18-18-	21205 Street
(YES NO, OR UNKNOWN)   (IF YES, GIVE WAR OR DATES)   147-18-9754   Rosa Jeter 824 Bradford Yes   18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)   PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   Intracerebral hemorrhage	Jeter
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Intracerebral hemorrhage  Conditions, if ony, which gove rise to immediate couse (a) stating the underlying cause lost.  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is  Chronic alcoholism  19a DATE OF OPERATION  19b CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING OR HOUR A.M. MONTH DAY YEAR  ON TRIBUTING CAUSE OF DEATH  P.M.  199  21d INJURY OCCURRED  31d INJURY OCCURRED	Street  APPROXIMATE INTE
216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216 INJURY OCCURRED WHILE AT WORK AT WORK  216 PLACE OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 216 INJURY OCCURRED WHILE AT WORK AT WORK  216 PLACE OF INJURY (AT HOME. STREET  CITY OR TOWN  226. I certify that I took charge of the remains described above, held an death resulted fram: Notural causes XX Accident  TITLE (SPECIEY)	
AT WORK  AT WORK  AT WORK  AT WORK   22a. I certify that I took charge of the remains described above, held an Autopsy X., Inspection, Inquiry, and in death resulted fram: Natural causes XX Accident, Suicide, Hamicide, Undetermined manner,	20 AUTOPSY? YES 🔀 N
AT WORK AT WORK  22a. I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inquiry . and in death resulted fram: Natural causes XX Accident . Suicide . Hamicide . Undetermined manner .	OR PART 2)
death resulted fram: Natural causes XX Accident , Suicide , Hamicide Undetermined monner ,	COUNTY
EXAMINER'S NAME Crogory P Kauffman M D 111 Donn Street	ATE   GNED 1-18-87
(TYPE OR PRINT) GLEGOLY R. KAULINAII, M.D. ADDRESS III PEHI SCIENCE	01710
230 BURIAL CREMATION, REMOVAL 236 DATE 1/24/87 Garrison Forest Vet 231 LOCATION Wings Mills	COUNTY MATE



### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0	REG. NO.

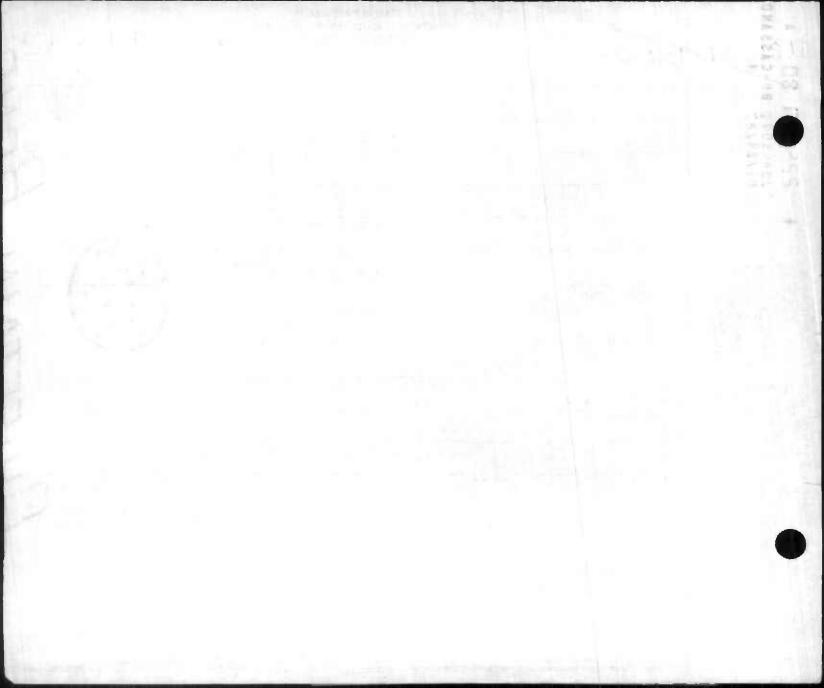
- STATE REGISTRAR			CERTII	FICATE OF DEATH	8 REGIN	0.	0	241
DECEASED NAME FIRST		WIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR D
BABY	BOY		JOHN	NSON	JANUARY 2	9 198	7	06:10 M
3. SEX	4. RACE				6. AGE (IN YEARS LAST BIR	THDAY)		
MALE	BLACK					YRS		17 34
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	R		9 BALTIMORE CITY C	R COUNTY	OF DEATH	
MARYLAND	USA	CALLS .			BALTIMORE	CITY		MD
BALTIMORE								
JSUAL RESIDENCE LIF NURSING HE ME	OR OTHER INSTITUTION				13. STREET ADDRESS	/ ZIP CODE		
MARYLAND				YES NO	JANUARY 29 19  6. AGE (IN YEARS LAST BIRTHDAY)  7. YR  9 BALTIMORE CITY OR COUNTY  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN)  62 136 STREET ADDRESS / ZIP COUNTY  NAME  MIDDLE  ADDRESS  JOHNSON  PERMINAL DISEASE OR CONDITION  200 AUTOPSY? YES NO   200 IF IN CEI  CURRED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN  CURRED TO STAFF			21231
14 FATHER'S NAME	REGISTRAR  EASED NAME  BABY BOY  JOHNSON  JANUARY 29  JANUARY 29  LEAR AGE  JANUARY 29  BALTIMORE  JANUARY 29  BALTIMORE  JOHNSON  JANUARY 29  BALTIMORE  JOHNSON  MARRIED  MARRIED  MARRIED  NEVER MARRIED  MARRIED  NOVORCED  NO		1.0	67				
WARREN		BLACK			JANUARY 29 198  JANUARY 29 198			
		166 SOCIAL SECUR	RITY NO.				BOVE	
18 CAUSE OF DEATH (Enter	anly ane cause pe	r line far (a), (b), and	IC				APPRO	XIMATE INTERVAL
PART I. DEATH WAS CAU	SED BY.	0 10	0	max ame	ct			
IMMED			1					
	( Ib)_	Serge (	Pulm	oran atom h	y pertension		17	- hour
cause (a), stating the	DUE TO, C	TR AS A CONSEQUEN	NCE OF	1	11			
underlying cause last.	(c)_							
		~	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	1a
190 DATE OF OPERATION	19b. COND	ITION FOR WHICH O	OPERATIO	ON WAS PERFORMED	/	IN CERTIF	YING CAUSE	INGS USED S OF DEATH?
210 ACCIDENT WAS UNDERLYING	110110		V VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART ( OR PART 2)	
OR CONTRIBUTING CAUSE OF	DEATH							
21d INJURY OCCURRED	21e PLACE	OF INJURY			CITY OF TO	WN	COUNTY	STATE
WHILE NOT WHILE	(AT HOME ST	REET PACTORY, OFFICE FA	MW FIC ]	31000	CIII OR IC			31712
220.1 certify that (1) this ha			1/	29 19 87			19 87	that (1) (we) last
	on	19 2	7.0	nd that in (my) (aur) apinian o	death accurred on the d	ate and hav	r and fram the	causes stated
	1/	oner dedin.		DEGREE			22c. DATI	SIGNED
West	Thon o						11/	29/87
22d. PHYSICIAN'S NAME (TYP	E OR PRINT)			22e ADDRESS				1.701
W. Reid	Thom	JOHNSON  JOHNSON  JANUARY 29 1987  S. DATE OF BIRTH  MARKED  JANUARY 29 1987  S. DATE OF BIRTH  JANUARY 29 1987  JANUARY 29 1987  JANUARY 29 1987  MARKED  JOHNSON  JANUARY 29 1987  MARKED  JOHNSON  JANUARY 29 1987  MARKED  JOHNSON  MARKED  JOHNSON  JOHNSON						
REGISTRAR  DEGINAL PROTECTION MADE  BABY BOY  JOHNSON  JANUARY 29 1987  06:10  JANUARY 29 1987  06:10  JANUARY 29 1987  06:10  JANUARY 29 1987  06:10  JANUARY 29 1987  AGE [PRINTAGE (SHAT DATORIGH) IN THE ANALY AND THE ANALY A	STATE							
24 FUNERAL DIRECTOR				250 DATE	E REC'D. BY REGISTRAR	256. REGIST	RAR'S SIGNA	TURE
Anato	my Board	ADDRESS	Balto	., Md. FEB	071987	Julia d	Taridon	Pendaga

DHMH - 16 60M 7/B4 (VRA 15, 4)

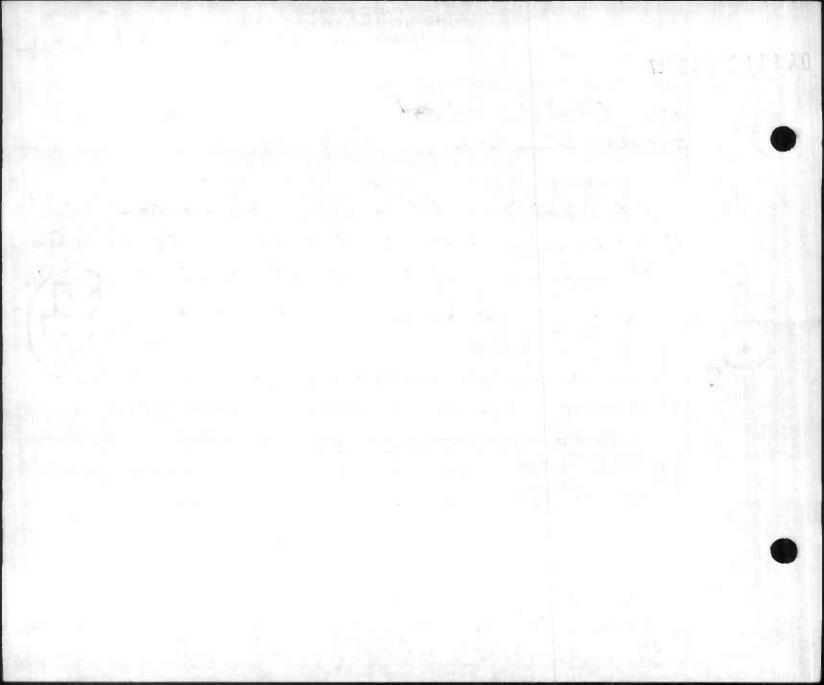
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TO FUNERAL DIRECTOR should be carried with the State Dept. of MPORTAN

FOR



STATE OF MARYLAND



732 FEB -	1 87	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	NO.	1 2	4 2
poge 3		OR PRINT) CATHER		MIDDLE		JOHNSON	20. DATE OF DEATH		25 87	26 HOUR
moy	3 SE	EMALE	BLACK		5. DATE (	DAY YEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1 1 15	C	RTHPLACE (STATE OR FOREIGN DUNTRY)  ARYLAND		WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY			M
1 100	10 CI	TY OR TOWN OF DEATH	11. NAME OF		G HOME (	OR OTHER INSTITUTION	12a USUAL OCCUP. (TYPE OF WORK FOR MOS	T OF WORKING		OF BUSINESS OR
24 hours	USU/ 130. S	AL RESIDENCE (IF NURSING HOME OF ITATE 136 COUNTY)	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 136 CITY OR TOWN BALTIMO	admission)	13d INSIDE CITY LIMITS?	13e STREET ADDRES	S	212 MAN STR	
4 22 6		THER'S NAME	MIDDLE	HARCUM		15 MOTHER'S MAIDEN NA. FIRST  NANNIE			BOWLER	
1117	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUI	RITY NO.	17 INFORMANT		DRESS		L216
signed by the attracting the place of the places employed committee of templates of templates.	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	DUE TO, O  (b)  DUE TO, O	R AS A CONSEQUE	NCE OF	16 LUNG	CARCL			0)
ne low re bos been permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	TIFYING CAUSES	NGS USED S OF DEATH?
G PHYSICIAN: The litteracing physician. Tr this certificate has the burial-transit per and Mental Hygiens and Mental B shows ted or them 18 shows	MEDICAL CER	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A. P. 21e PLACE	m. Month da m.	19	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF IN		B, PART 1 OR PART 2)	STATE
ATTENDING ospitol or o ECTOR: After d for use os it of Health m 21 is mort		WHILE ATWORK ATWORK ATWORK  220.1 certify that (1) (this has a sow the daceased give an about 1) (20.1 (did pe 1) (did pe 1) (20.2 CHYSICIAN'S NAME (TYPE O	view the body	19 5		nd that in the (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS		TAFF	our and fram the	
ITAL C By the RAL E State E State E		TEST OF IT SICIAL STANKE (TIPE O								_
TO HOSPITAL OF retoined by the TO FUNERAL DI should be detoch with the Stote De IMPORTANT. If h	23o E	JOHN S	23b DATE		AME OF C	EMETERY OR CREMATORY		51	3m	7. 70
ITAL C By the RAL E State E State E	B	JOHN S		23c. N	AME OF C	EMETERY OR CREMATORY  MEM CEMT	23d. LOCATION CITY OF TOWN	L	COUNTY	ZLAND STATE

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or that when I wish .

40142 JAN	B STATE REGISTRAR
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filled in by the funeral director, page 3 ould be filed within 72 hours ofter death

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	9 8	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG	GIENE	2 1	216	143
	{1YPE	CEASED NAME FIRST	A		Johnson	20. DATE OF DEATH	MONTH D	YER 2 87 IF UNDER I YEAR	G35 PN
	3. SE	N I	B B	5. DATE (	H DAY YEAR O	6. AGE (IN YEARS LAST BIR		AONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT	COUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	MD
1	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACIL		OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON OF WORKING LIFE	126. KIND O INDUSTRY	OF BUSINESS OR
200	1300	AL RESIDENCE (IF NURSING HOME OR C TATE 135 COUNT	THER INSTITUTION GIVE RE		13d. INSIDE CITY LIMITS?		ZIP CODE	CK RD	21218
		THER'S NAME FIRST M TCHARD TOHNSO	NIDOLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE		Į.A.	ST
	16a W	AS DECEASED EVER IN U.S. ARM	MED FORCES? 166 S	7-52-6353	17 INFORMANT	HNSON 152		THWIC	K RD
		Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.	DUE TO, OR AS A	CONSEQUENCE OF	munod eficer	rvcy Synd R	oml		
	TION	PART 2 OTHER SIGNIFICANT CO							
-	CERTIFICATION	190 DATE OF OPERATION	195 CONDITION	FOR WHICH OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	206 IF YES, IN CERTIFY YES	, WERE FINDI YING CAUSES	NGS USED S OF DEATH? NO []
	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (HE EITHER NOTHEY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF IN.	MONTH DAY YEAR 19 JURY	21c HOW INJURY OCCUR			4430	
	ME	WHILE NOT WHILE AT WORK		CTORY OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
		22a 1 certify that (I) (this hospite saw the deceased alive an above, (I) (we) (did) (did not) 22b. SIGNATURE	11	2 19 87, o	nd that in (my) (our) opinion  DEGREE  ATTENDING	deoth occurred on the do	e 5		that (I) (we) last couses stated SIGNED
		22d PHYSICIAN'S NAME (TYPE OR	PRINT) POMMER.	<i>////</i> )	PHYSICIAN E 220 ADDRESS LOCH RAVAN	DIRECTOR PHYSIC	IAN DO	1/0	4/6/
		URIAL, CREMATION, REMOVAL BURIAL	236 DATE 1/9/87	23c, NAME OF C	EMETERY OR CREMATORY SON FOREST	23d LOCATION CITY OR TOWN	MTT.T.	COUNTY	STATE

DHMH - 16 60M 7/84

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TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please should be detached for use as the burial-transit permit. Then playing the State Dept. of Health and Mental Hygiene prior to burn MPORTANT: If Hem 21 is marked or Hem 18 shows ony

(VRA 15, 4)

24 FUNERAL DIRECTOR LEROY O. DYET'L 4600 LIBERTY HEIGHTS

JAN 5

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1 die Dindon Pudare

A more parties for the commercial and the commercia and the state of the state of

filled in by the funeral director, page 3 ould be filed within 72 hours after death

#### STATE OF MARYLAND

8	REG. NO.	
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2	JA	FOR ISTATE 67 REGISTRAR			DEPART		EALTH AND MENTAL H	YGIENE	8 4 <sub>EG.N</sub>	o. 0	1 :	2 4 4
H		CEASED NAME OR PRINT!	orothy	MID	DDLE	John	nson		January	10,	1987	26. HOUR 11:00
		emale	4. RA B 1	ack		5. DATE C		,	79	YRS	MONTHS DA	TS HOURS MIN.
L	M	RTHPLACE (STATE OR FO COUNTRY) Laryland		US	HAT COUNTRY?	WIDOWE		Ba	altimore CITY C	e Cit	ty	MI
S	Ва	altimore	i	lary La	nd Gen	eral I	iospital		SUAL OCCUPAT OF WORK FOR MOST (			O OF BUSINESS OF RY
5	13a S M.a	ryland	3b COUNTY		VE RESIDENCE BEFOR Balti	VN .	13d. INSIDE CITY LIMITS? YES NO 🗍	1	REET ADDRESS 804 Wa			e. 17
	Se	ATHER'S NAME FIRST  VAS TECEASED EVER IN	MIDDLE	J	ohnson b social seci	IBITY NO	15. MOTHER'S MAIDEN N FIRST JUlia 17. INFORMANT	NAME	ADDR	FCC	Dotso	n .
1			(IF YES, GIVE WAR	OR DATES)	220-18	-7278		Joh				ester R
	rion	Conditions, if ony, gave rise to imme cause (0), stating underlying cause	the last.	(b) OUE TO, OR A	AS A CONSEQUAL AS A CONSEQUAL META	ENCE OF ENCE OF ASTIC	Effusion  Breast Can		ISEASE OR CON	DITION G	EIVEN IN PART	Ira
2	CERTIFICATION	190 DATE OF OPERATION				OPERATIO	N WAS PERFORMED	YES	AUTOPSY?	IN CERT	ES, WERE FIN TIFYING CAUS YES []	DINGS USED SES OF DEATH? NO [
7	MEDICAL CE	21a ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE	USE OF DEATH (LEXAMINER)	P.M.	MONTH D	19	216. HOW INJURY OCCI 211. LOCATION STREET	URRED (E	NTER NATURE OF INJU		OUNTY	STATE
		WHILE AT WORK  220. I certify that H) (to saw the decased abays (IK (we) (did 22b. SIGNATURE	this haspitaling			, an	d that in (%) (our) apinio	MED	Janua:	ote and ha		—, than the (we) las he couses stated ITE SIGNED
		22d PHYSICIAN'S NAM	EX	elly (	JD	0	c/o Mar	yland	Genera	1	spital	
	(	BUTIAL, CREMATION, RESPECIFY) BUTIAL JUREAL DIRECTOR	EMOVAL 231	1/15/	87	Arbut	us Memoria 250 D		LOCATION CITY OR TOWN Arbutus D.BY REGISTRAR		COUNTY	M d .
		W.C. Mar	ch F.	1. 430	00 Wab	ash A	ve. J	AN 1	4 1987	Julia	Dinder	Bulled

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remaye exwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, TO FUNERAL DIRECTOR. After this certificate has been signed by the attectional he detached for use as the burial-transit permit. Then please remove

TO HOSPITAL OR ATTENDING PHYSICIAN: The

John Comment

The State of the S

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5. FOR YOUR FILES. 15 HOURD BEFLIED. WITHIN 22 HOURS. AL RECORDS, 201 W.-PRESTON STREET, -15 - 87W. JOHNSON ENOS 4 RACE 2d HOUR DATE OF BIRTH AGE (IN YEARS IF UNDER I YR. IF UNDER 24 HRS 2c. DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED 7/11/12 74 YRS Black. DEAD 1 - 15 - 87:10a 19 Male b. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MCBIRTHPLACE MARRIED A NEVER MARRIED Virginia USA WIDOWED DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH IT, NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)
Retired OR INDUSTRY Raltimore timore 1600 N. Calhoun Street 13e. STATE 13b. COUNTY Tac CITY OR TOWN T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Baltimore YES E 1611 N. Payson St. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST DURS AFTER DEAT 18. GIVE PAGES 1 5. WITH FORM PA NIT. PAGES 1 AND E, DIVISION OF W E11a Johnson Peyton Johnson 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 215-09-3131 Mildred Johnson 1611 N. Payson St. (17 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which gave rise to immediate W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. SHOULD BE FORWARDED TO THE CHIEF MEDICITIES SHOULD BE FORWARDED TO THE CHIEF MEDICITIES ALD DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL EATH, WITH THE STATE DEPARTMENT OF HEALTH AND MEDICITIES AND STOOL PRIĞR TO BURIAL, CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE STATEMORE, MARYLAND, 2. Autapsy 22a I certify that I took charge of the remains described above, held an Inspection and in my apinian death resulted from: Natural causes TITLE (SPECIFY) ACTUAL 1 - 15 - 87Assistant MEDICAL EXAMINER SIGNATURE XAMINER'S NAME 111 Penn Street WilliamN. Zane, M.D. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION

07 84 BP

(VR A15 ME (5))

74 FUNERAL DIRECTOR **DHMH - 17** Chas.A.Rice FSPA

Burial

1/19/87

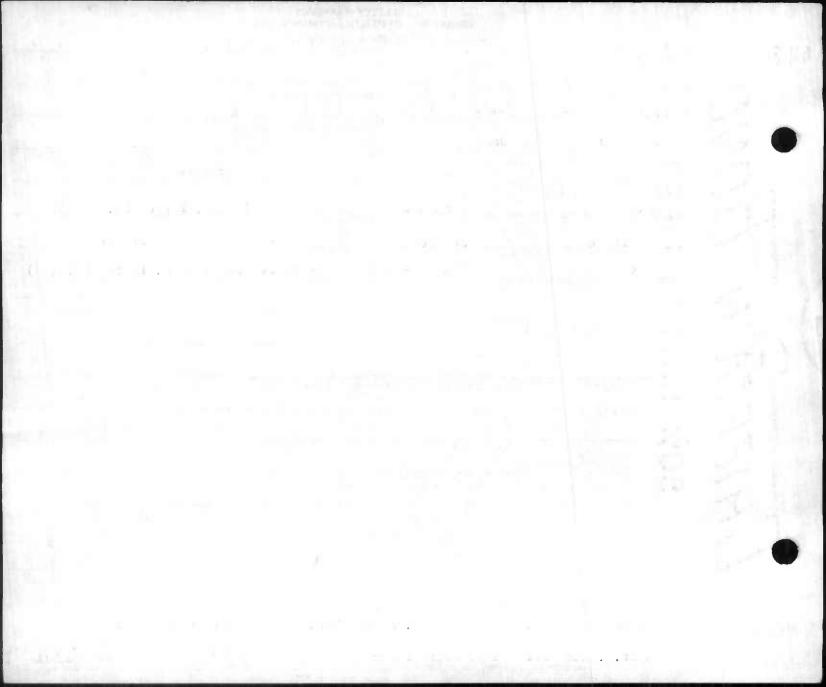
Mt. Auburn Cem.

1300 Eutaw Place

Westport

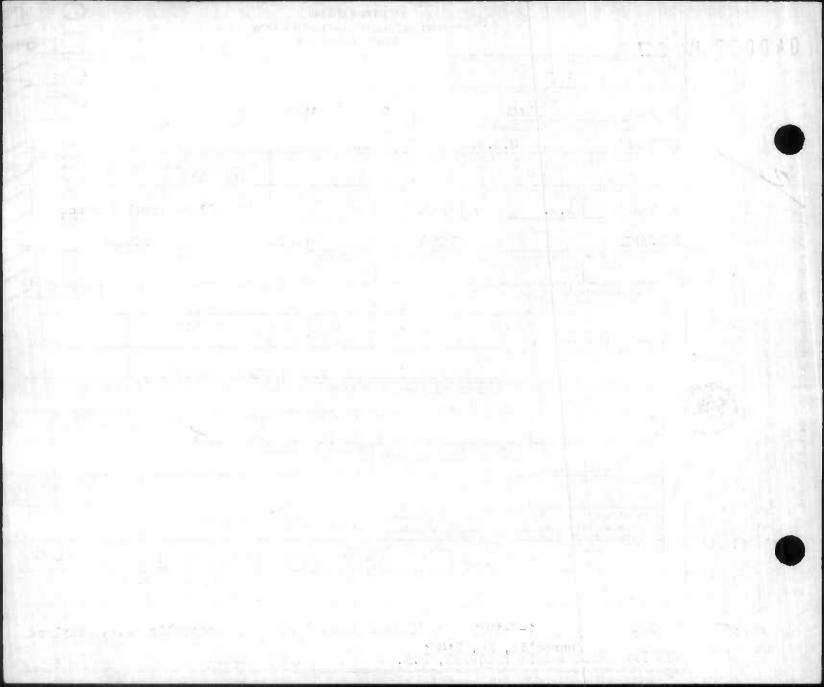
COUNTY Md.

STATE

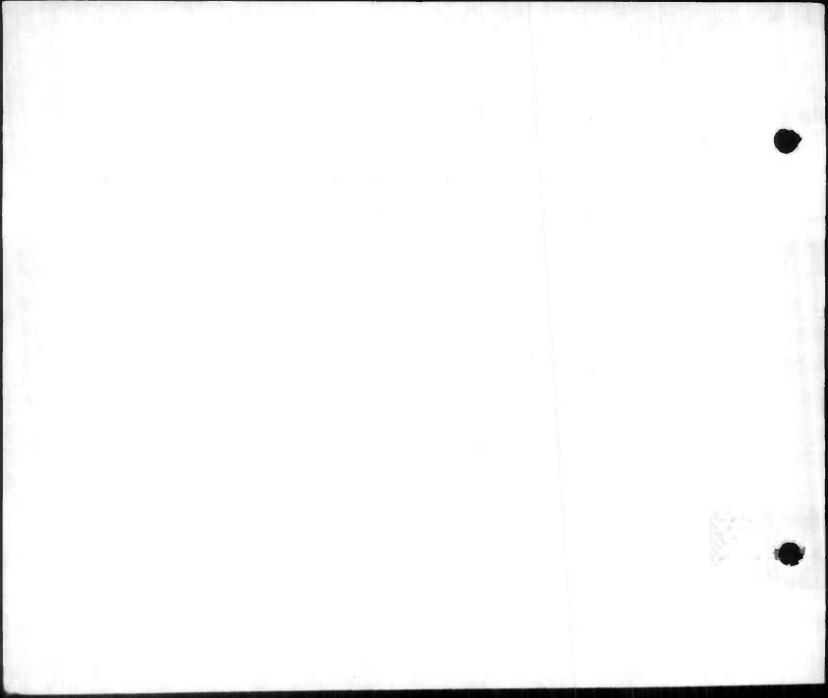


#### STATE OF MARYLAND

040087 1	1	- STATE CREGISTRAR			FICATE OF DEATH	RES. NO	0 1	2 4 6
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noy be page 3 or death	(TYP	EUNICE		.3	OHNSON	JANUARYI.	1987	10:29a M
wow wo	3. SE		4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YE	EAR IF UNDER 24 HRS
ge 4 mo ector, p urs after	FF	EMALE	BLACK	MON	Ž2 1903	83	MONTHS DA	AYS HOURS MIN.
Pog dire		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8.		9 BALTIMORE CITY OR	COUNTY OF DEATH	1
oth.	6	ARYLAND	U.S.A.	MARRI	ED NEVER MARRIED O	BALTIMOR		
1 11/1-		ITY OR TOWN OF DEATH			OR OTHER INSTITUTION	176 USUAL OCCUPATIO		D OF BUSINESS OR
2 4	BA	ALTIMORE	MARYLAND GI	GIVE STREET ADDRESS)		TYPE OF WORK FOR MOST OF DOMESTIC		
S delta	13a	ARYLAND	UNTY 13c. CITY	OR TOWN APOLIS		13. STREET ADDRESS / 43 College	ZIP CODE -	2/40/ errace
mpletely and 2 sh	6	ATHER'S NAME  EN JAMIN	MIDDLE	JAST ON	15 MOTHER'S MAIDEN NA	MIDDLE	SN OWDEN	LAST
- 0	16a	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOC	TAL SECURITY NO.	17 INFORMANT	ADDRES		
and c Poges	NO	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)			Salar Wa		
س نبن ه		18 CAUSE OF DEATH (Enter	and the second particular for the	the and see		2 000	ДРР	ROXIMATE INTERVAL EEN ONSET AND DEATH
ficote physic pope noval ent, t		PART I. DEATH WAS CAU	ISED BY:	rdiac Arr	est	14	BETWE	EN ONSET AND DEATH
death certificate of the conding physicians are corbonopoper from the corbonopoper from the corbonic event, the corporation corporation corporation corporation corporation corporations are corporated to the corporation cor		IMMED	IATE CAUSE (0)		Renal Failur	o Coagulace		
e death cert ottending mave corbo otion, or re froumatic e		C100	DUE TO, OR AS A CO	DNSEQUENCE OF	hiloccus-Sepsi		1	
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ed b					ative Staphilo			
nine sign	N z				T NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN IN PART	1110
	18	Anemia/Atri			ON WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FIN	IDINGS LISED
in he low for the	CERTIFICATION	198 DATE OF OPERATION	198. CONDITION FO	K WHICH OPERALI	ON WAS PERFORMED	YES NOTOFST	IN CERTIFYING CAUS	
SICIAN: The gaphysicion gaphysicion ficilitronsit entol Hygie flem 18 sho		210. ACCIDENT WAS UNDERLYING			216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM IS PART I OR PART	2)
SICIA ng ph ng ph certifi urial-tr	CAL	OR CONTRIBUTING CAUSE OF	DEATH	19				,
HY HY	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR		211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
After the e os the morked	>	AT WORK NOT WHILE	(A. HONE, SHEEL, FACTOR	it, Office, TAIM, ETC /				21
Africa Af		220 I certify that (I) (this ha	spital) attended the decease	d from Dece	mber 23, 19 86	January January	19 87	_, that (h (we) lost
TTEN Putol For G		saw the deceased alive		19 0/	ond that in (M) (our) opinion	deoth occurred on the dot	e and hour and from	the couses stated
OR AID DIREC Sched Dept.		226. SIGNATURE	- / / / / / / / / / / / / / / / / / / /	/ +	DEGREE		· 22c. D/	AJE SIGNED
, 4 , 5 6 -		76	KOVLET	1	ATTENDING PHYSICIAN	MEDICAL STAFF		11/87
HOSPITAL ned by th FUNERAL old be determined obstant; the Store	+	224 PHYSICIAN'S NAME (TYP	PE OR PRINT)			yland Genera		1.
		Dr. J. Kell	v			timore, Mary		The Table
Shoot of the state	730	BURIAL, CREMATION, REMOV.		1234 NAME OF	CEMETERY OR CREMATORY	123d LOCATION	Tallu	
PD /1		JRIAL	1-5-1987		REST CEMETERY	CITY OR TOWN	COUNTY	STATE
Dr. <del>/ //</del>						Annap		Maryl and
DHMH - 16 60M 7/84 (VRA 15, 4)	W	UNERAL DIRECTOR ANNA	SONS MORTUAR	Y.P.A.	JAN		Ala Frier	n. Pudres



# VOID Death & ERTIFICATES #87-1247



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR Johnson Genoa В. 5. DATE OF BIRTH IF UNDER I YEAR 3. SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) April 20, 1921 Female White BIRTHPLACE ISTATE OR FOREIGN 15 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia U.S.A. WIDOWED DIVORCED XX Baltimore City. 10 CITY OR TOWN OF DEATH MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Raltimore Union Memorial Hospital Hairdresser Ret SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore 322 E Chatsworth Ave. 21136 Maryland Reisterstown NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME David Bradlev Gertrude Phillips 166 SOCIAL SECURITY NO 17 INFORMANT Reisterstown DDRESS Md. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? LIE YES GIVE WAR OR DATEST Veatrice Yankeloff 322 E Chatsworth Ave. 278-12-8828 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and c PART I. DEATH WAS CAUSED BY 86 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stoting the DUF TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Chronic Obstucline Pelmonay 196 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM ETC NOT WHILE 22a.1 certify that + (this haspital) attended the deceased from saw the deceased alive on and that in (my) (aur) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the bady after death. DEGREE ATTENDING MEDICAL PHYSICIAN [ DIRECTOR PHYSICIAN 22e ADDRESS ON THE Bhopinder Singh, M.D. Union Memorial Hospital 238 BURIAL CREMATION, REMOVAL 1236 DATE 23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck, Inc. Baltimore, Maryland

Jan 14 1987

Burial

24 FUNERAL DIRECTOR

Oak Lawn Cemetery

Baltimore

250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Marvland

permoderable on maintell has been per Chill . Why Promise - the land Biva ... tention and a second state of the second state of protein the section of the letter The day of the later and the l

requires that the death certificate be executed within 24 hours often

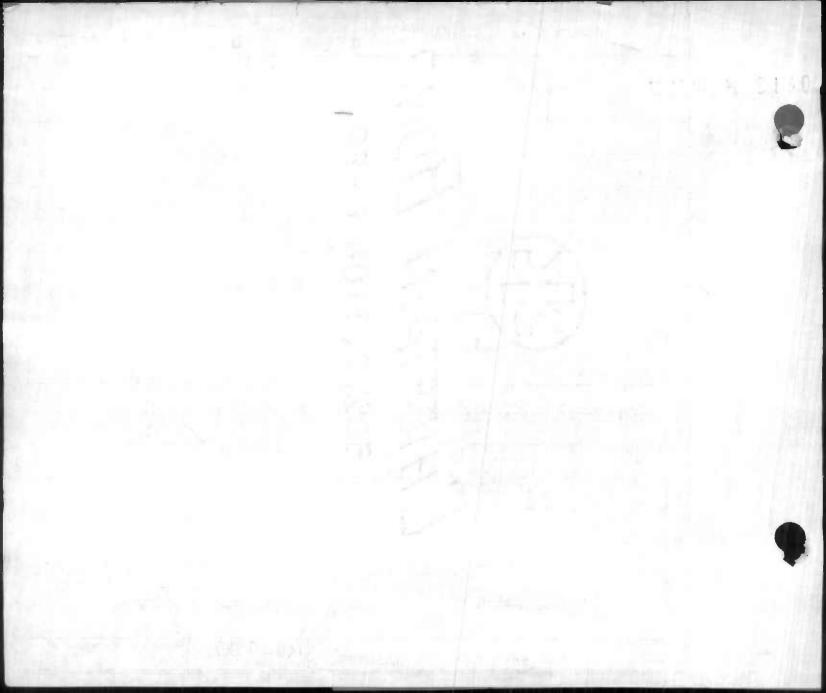
TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

BP. DHMH - 16 60M (VRA 15, 4)

0 4 123

ing tiled within?

	FOR FH CM		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE					
	1 - STATE FIN CM REGISTRAR		CERTIFICATE OF DEATH	8 REG. NO.	1 2 4 9				
	1. DECEASED NAME FIRS	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR				
ANT		ORGE JOHNSON		1/18/87					
An a	€ SEX 01	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS				
	M	В	6/12/ <del>09</del> 05	81 YRS					
4	BIRTHPLACE (STATE OR FOREIG		* MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH				
	MOLLUSK, VA		WIDOWED NO DIVORCED	BALTO., CIT					
71	10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING)	126. KIND OF BUSINESS O INDUSTRY				
2	BALTO.								
	13e STATE 13b	OME OR OTHER INSTITUTION GIVE RESIDENCE BEFO	WN 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COL					
	MD	BALTO	• YES ☑ NO ☐	4411 WAKEFIE	LD RD. 21216				
5	CORNELIUS	TOUNGON LAST	FIRST	MIDDLE	LAST				
TOUR STANDARD OF THE PROPERTY	16g WAS DECEASED EVER IN U.		URITY NO. 17 INFORMANT	ADDRESS					
	(YES NO OR UNKNOWN) (IF	ES GIVE WAR OF DATEST	7-790% BENJAMIN	DOMETT AA11 W	AKEFIELD RD.				
3	NO			FOWEIL 44II W	AKEFIELD RD.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
<i>8</i> I	PART I. DEATH WAS C	AUSED BY  LEDIATE CAUSE (a) Card 16	pulmonan Arrest		Ominute				
	IMM								
	Conditions, if any, whi	2 years							
	gove rise to immedia								
	cause (o), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF								
		ANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER						
	Reng) Forther Status past severa) cerebonas inlar accidents  196 Date of Operation 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED								
7	190. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?				
4	T T		In now himse occ-		ES NO				
21	On COLUMNIA IN CALLER	LIGHT AND MODITION	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART T OR PART 2)				
	(IF EITHER NOTIFY MEDICAL EX	AMINER) P.M. 21e PLACE OF INJURY	19 211 LOCATION						
		LAT HOME STREET EACTORY OFFICE		CITY OR TOWN	COUNTY STATE				
			August 10 85	in Jarney 17	. 19 87 that (I) (we) lo				
	sow the deceased al	hospital) attended the deceosed from	87 and that in (my) (our) apinion		our and from the couses stated				
	abave, (1) (we) (did) ( 22b SIGNATURE	did natiview the body after death.	DEGREE		22c. DATE SIGNED				
	Rosen &	Blumented M.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/20/87				
3	22 PHYSICIAN'S NAME	(TYPE OR PRINT)	22e ADDRESS 600	N. Walfest, J.	2 no Huskins				
	Rogers. B)	umenthal, M. Q	Hospital:	Batto, MO 21:	26.5				
	230 BURIAL, CREMATION, REM	OVAL 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	123d LOCATION					
	SPECIFYBURIAL	1/23/87	ARBUTUS CEM.	BALTO.,	MD STATE				
	24 FUNERAL DIRECTOR		2 ( a A D K	JEDET ACRESTRAR 235 REGI	STRAR'S SIGNATURE 2				
84	LEROY O. DY	ETT 4600 LIBER	TY HEIGHTS JAI	120 1301					



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FOR - STATE REGISTRAR I. DECEASED NAME

(TYPE OR PRINT)

7a. BIRTHPLACE

13a. STATE

3. SEX

FIRST

( STATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTIO

18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

last.

LTE 160 WAS DECEASED EVER IN U.S. ARMED FORCES

Conditions, if any, which

gave rise to immediate

couse

cause (a), stating

underlying

CERTIFICATION

MEDICAL

ENNSVLVANIA

CITY OR TOWN OF DEATH

Baltimore

George

7b. CITIZEN O

NAME OF

3nHimove

MIDDLE

(IF YES, GIVE WAR OR DATES)

MMEDIATE CAUSE (0)\_

STATE OF MAI DEPARTMENT OF HEALTH A CERTIFICATE (	ND MENTAL HYGIENE	8 Feg. No.	0 1	2	5 0				
MIDDLE LAST	2a. D/	ATE OF DEATH M	ONTH DAY	YEAR 2	b HOUR				
2 H Johnso	N		1-14.	-87	31450M				
Black 5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)   FUNDER 1 YEAR   IF UNDER 24 Mrs.   MONTHS DAYS HOURS MIN.   TO STANK THE PROPERTY OF THE PROP							
	ER MARRIED	TIMORE CITY OR	COUNTY OF D	DEATH					
NAME OF HOSPITAL, NURSING HOME OR OTHER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		SUAL OCCUPATION OF WORK FOR HOUSE	WORKING LIFE) IN	IB. KIND OF E	BUSINESS OR				
nove Baltimore YES	NOL	REET ADDRESS /			St.				
JOHNSON	MÉR'S MAIDEN NAME	WIDDLE		ETTE	5				
FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT MAS. ADBALTIMORE, MO. 21223 OR DATES) 217076924 DORIS BASKERVILLE 2005 W. SARATOGA ST.									
use couse per line for (a), (b), and (c).  AUSE (a) Cavalio Pulmona	ary Arrest			APPROXIMA BETWEEN ON	TE INTERVAL SET AND DEATH				
DUE TO, OR AS A CONSEQUENCE OF  (b) Acute Tritrave	stricular	Hemorrh	uge						
DUE TO OR AS A CONSCIONATION OF	ibdural H		0		<u> </u>				
DITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASE OR COND	ITION GIVEN IN	V PART 110					
rostate Cancer									
196. CONDITION FOR WHICH OPERATION WAS PI	ERFORMED 200		20b. IF YES, WE IN CERTIFYING YES	CAUSES					

PART 2 OTHER SIGNIFICANT CONDITIONS 19b. CON 190. DATE OF OPERATION 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 OCATION 21e. PLACE OF INJURY AT HOME, STREET NOT WHILE WHILE AT WORK

CITY OR TOWN

STATE

COUNTY

27s.1 certify that III and that in (my) (our) apinion death accurred on the date and haur and from the causes stated DEGREE 22c. DATE SIGNED

ATTENDING

MC 22e ADDRESS

6

3001 So. Hanover

MEDICAL

DIRECTOR | PHYSICIAN

esclase THE NAME OF CEMETERY OR CREMATORY 23d LOCATION BALTIMORE,

BALTIMORE NATIONAL HOME, INC.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR

STAFF

250 GWYNNS FALLS PKWY, BALTO, MO, 21216

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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# STATE OF MARYLAND

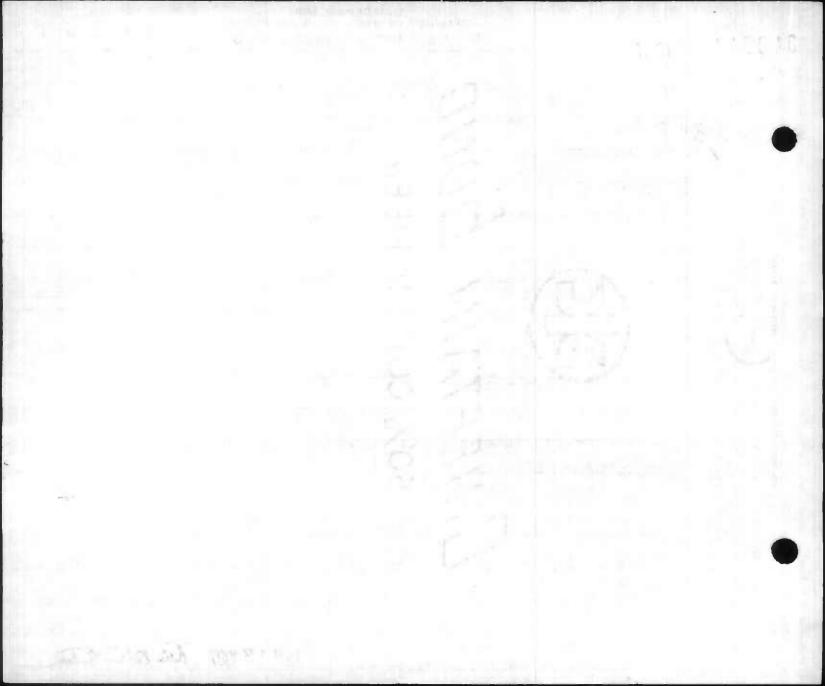
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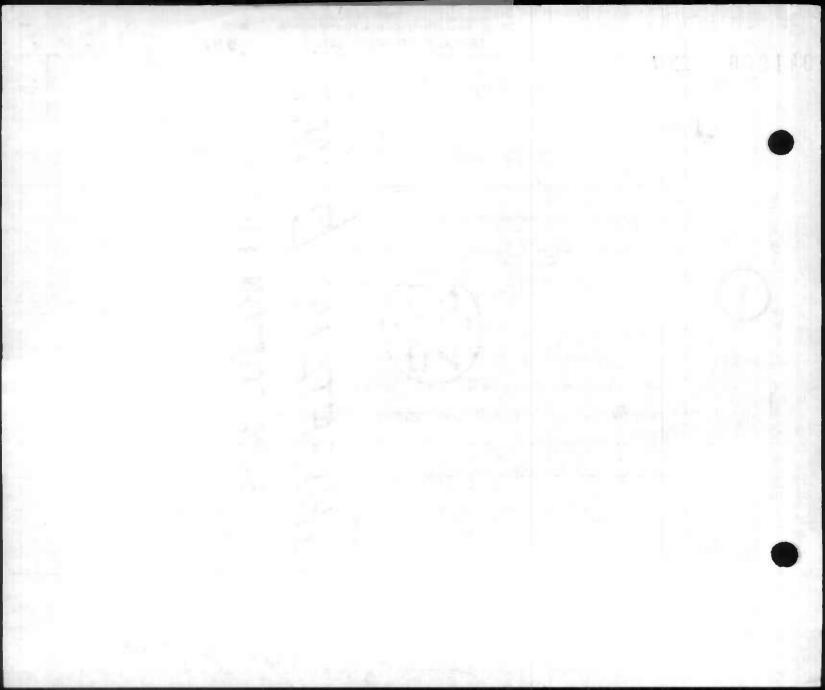
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	74. BI	RTHPLACE REIGN COUNTRY	STATE OR	76. CITIZEN OF WH		8 44 4 PE	RIED NEVER MAR	PIED YY 9 BALTIP	MORE CITY OR CO	OUNTY OF DEATH		
24		RYLAND		U. S.	Α.		WED DIVOR	-	imore Cit	tv	MD	
0	10. CI	TY OR TOWN	N OF DEATH		PITAL, NURSING HO		HER INSTITUTION		JPATION (TYPE OF W		ISINESS	
Ď		Baltimore			ity Hospi		J	CABINET	TEPKA CO	DRP.		
5	130. S		13b. COUN	OR OTHER INSTITUTION, GIV	13c. CITY OR TOWN BALTIMOR	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDR	NNS_FALLS	DRE, MARYLA S PKWY, 212	AND 216	
90	14. FA	THER'S NAA	ΛE	MIDDLE	LAST		15 MOTHER'S MAI	DEN NAME	MIDDLE	LAST		
Y.		JERRY		٧.	JOHNSON		BARBAR	RA		AUSTIN		
	16a V	VAS DECEAS	ED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	FORCES? 16b. SOCIAL SECURITY NO.			17. INFORMANT MRS. BARETSIMORE				
4	,,,,	NO	(IF 1ES, GIVE	WAR OR DATES	213 92 8	636				YNNS FALLS PKWY		
		18 CAUSE	OF DEATH (Enter on	ly ane couse per line	far (a), (b), and (c).)				2.12	APPROXIMATE BETWEEN ONSE	INTERVAL	
	100	PARTIC	DEATH WAS CAUSE	D BY:	Multiple	e auns	shot wounds	S		BETWEEN ONSE	AND DEATH	
			IMMEDIA		AS A CONSEQUENCE		MOL WOOLKS					
3		Conditions, if any, which										
		gave rise to immediate (b)										
		lying co	ouse lost.									
h		PART 2 OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE 1	ERMINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 in				
	NO.											
	MEDICAL CERTIFICATION	190. DATE OF OPERATION 196. CONE			NDITION FOR WHICH OPERATION WAS PERFORMED?				20 AUTOPSYS	2		
П	F								YES 🔀 NO			
-	1 H	210 EXTERN	NAL CAUSE WAS	21b. TIME OF								
3	ALC	UNDERLYING OR HOUR A.F			M. MONTH DAY YEAR  AM 1-8-8719 subject shot during an alterca					1 2		
	DIC	21d INJURY	OCCURRED	21e PLACE C	OF INJURY (AT HOME	21f. LC	DIECT Shot	during ar	alterca	clon		
	AE	WILLE WOLLMHITE K			TORY, FARM, ETC.) STREET CITY OR TOWN					COUNTY	STATE	
		220. I cer	rtify that I taak charg	ge of the remains des	cribed above, held a	n Auto		ion	, L. and in n	ту оріліоп		
	-	deoth resu	Ited from: A Natu	rol causes 🔲,	Accident,	Suicide	, Hamicide X	· Undetermined m	nanner,			
ACTUAL VOM TO THE (SPECIFY)										175		
_		SIGNATUR	E	tre 11.	CHOC	<u> </u>	Assista	nt_medical exa	MINER SI	ATE IGNED 1-8-8	/	
2		EXAMINER'	S NAME Ma	argarita A	. Korell.	M.D.	ADDRESS 1.	11 Penn St	reet			
	23a Bi	-	ATION, REMOVAL				OR CREMATORY	123d. LOCATION				
	(5	SPECIFY)	URIAL	1/13/1987				CITY OR TOWN	25		ATE ID	
	24 FI					MEDKA	L CEMETERY	BALTIMOF E REC'D' BY REGISTR	AR 256 REGISTRA	MARYLAN R'S SIGNATURE	ND	
				UNERALHO			TAM	4 2 4007	1100			
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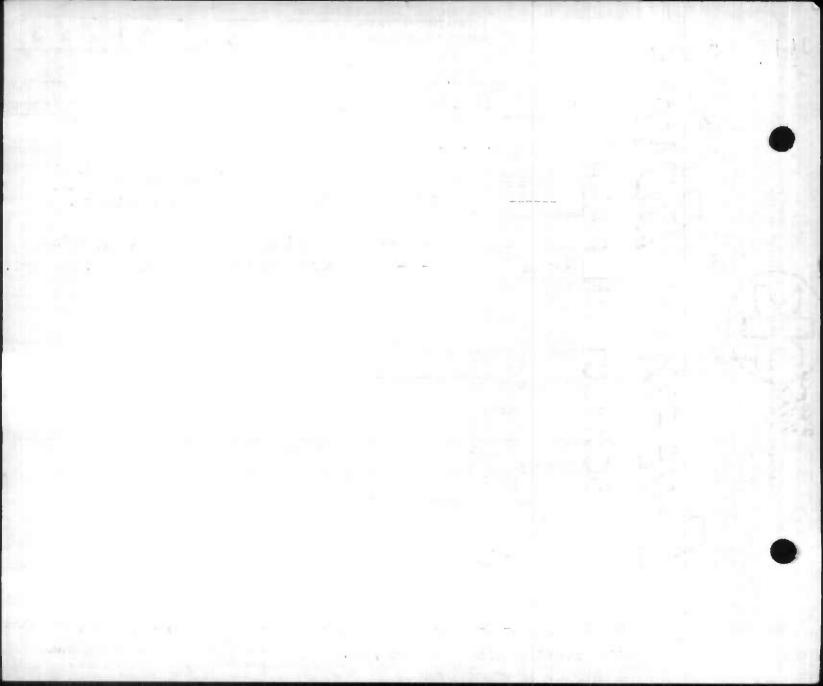
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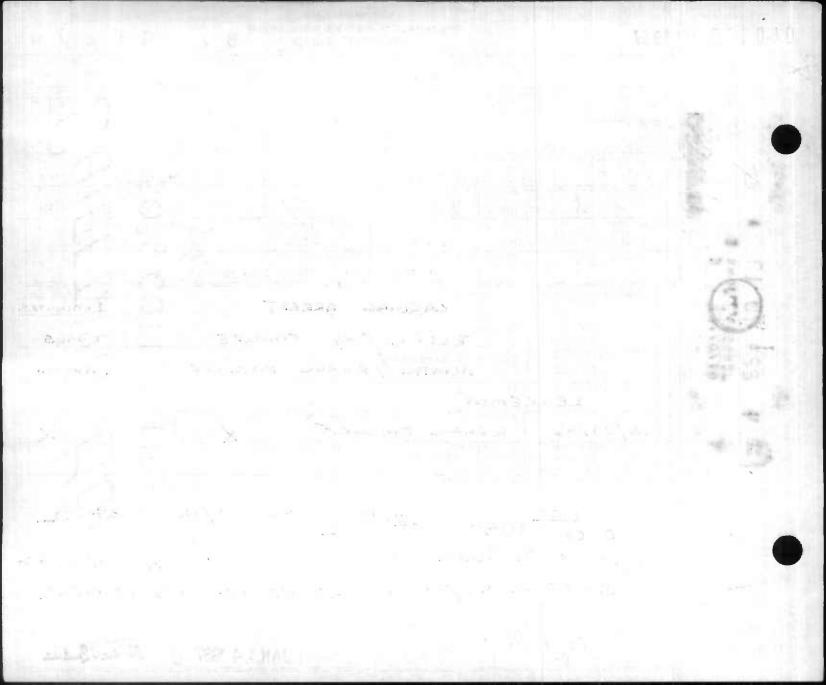
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1418	327 JAN:	1	REGISTRAR FASED NAM	FIRST	WEI	MIODLE	MINER'S	CERTIFIC/	ATE OF D		REG. NO.	ONTH DA	Y YEAR	Zh HOUR
5	Madari-		E OR PRINT)	Joel		Δ	Joh	nnson		20 DATE KN OF DEATH N	ATED	1-24	1987	M
	PA, PLEA DOINECTO DOUR FILL 72 HOU N STREE	o. sex Ma		4. RACE Black	5. DATE OF BIRTH	1946 AG	E (IN YEARS IF UI BIRTHOAY) MON		FUNDER 24 H	PRONOUNC DE AD		1-24	1987	12:20 P. M
	ESSA EBAL MESTIN REST		RTHPLACE (S	TATE OR	76. CITIZEN OF WH	AT COUNTRY?	8. MARE	RIED ANEVE	R MARRIED		RE CITY OR C		FDEATH	
	S NECES FUNER S FOR WITH	10. CI	uisiana TY OR TOWN	OF DEATH	II. S	PITAL NURSING	WIDON		DIVORCED	USUAL OCCUPA	timore			MD.
	PAGE PILE	В	altimo	ce	(IF NOT IN SUCH FACE	CILITY, GIVE STREET AD	oress)			FOR MOST OF WORKIN Salesi	nan	C	or industr Lothir	ng ng
1000	H. IFANY DELAY IS  1, 2, AND 3 TO THE FURING AN 3. RETAIN PAGE  D 2 SHOULD BE FILED  ITAL RECORDS 201	13a.S	rate aryland	13b. COUNT	R OTHER INSTITUTION, GIV	Baltim		13d INSIDE CITY	LIMITS7   13e.	STREET ADDRESS	4028 E	ell A	2121; ve.	>
1	ST, 2, PM 3. VD 2 SI	14. FA	THER'S NAME		WIDDIE	LAST		15. MOTHER'	'S MAIDEN N	AME	DLE		LAST	
AORE	BB\$\$\$	16n_ V	Elmo VAS DECEASE	D EVER IN U.S. ARA	MED FORCES?	Joh	nson CURITY NO.	Ma.x 17. INFORMA	kine ANT		ADDRESSLO	uisia	Pri ce	5
BALTIMORE	JRS AFTER S. GIVE PA WITH FOR MITH FOR DIVISION	(4)	Yes	Marin	WAR OR DATES)	438-74	-6753	Maxine	Johns	son 3305	Magnol	ia St	. New	Orel.
;	387 5		18 CAUSE O PART I DE	ATH MALAS CALICED	y one cause per line ) BY: E CAUSE (o) Art			e cafe	eri Ova	caulos	diana		APPROXIMATE ETWEEN ONSET	
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/. PRE	WITHIN NCIL II IINER RANS ITAL H		gave ri	ns, if ony, which se to immediate stating the under-	(b)					1-27				
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RECORDS.	AABAGA	z	PART 2 OTHER SI	GNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH 1	UT NOT RELATED TO T	HE TERMINAL DISEA	SE OR CONDITION G	GIVEN IN PART 1 to	0:	7 1			
	HOULD BE END "PENDING WISE AS A OF HEALTH	ATIO	19s. DATE OF	OPERATION	196 CONDIT	ION FOR WHICH	OPERATION V	VAS PERFORMI	ED?			20	AUTOPSY?	
S/1	SHOUL VORD "I CHIEF BE USE NI OF H	TIFIC											YESXX	NO 🗆
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DIVISION		MEDI	21d. INJURY C WHILE AT WORK	OCCURRED  NOT WHILE  AT WORK	21e PLACE C STREET, FACTI	OF INJURY (AT HO ORY, FARM, ETC.)		STREET		CITY OR TOWN		COUNTY		STATE
	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE & SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGAFIRE DEAH, WITH THE STATE BALTIMORE, MARYLAND, 2120		22a I certi	,	e of the remains desc	ribed abave, hel	d on Autor	psy XX, Hamicid	Inspection [	ndetermined man		my opinior	1	1
•	EXAM CERTII DULD B UDIREC F, WITH MARYI		ACTUAL	71		1.	outlide _	TITLE (SPE	ECIFY)			DATE	1-25-	87
	DEATH A SHO NERA DEATH AORE,	1	EXAMINER'S	NIAME	1	/	^	n. U		MEDICAL EXAMIN		SIGNED_		
	PAGE PAGE PAFTER SALTIN	22- P	(TYPE OR PRI	TION, REMOVAL 2	liam M/2		OF CEMETERY O	ADDRESS		nn St.,	Baito.	, Ma.	2120	
07/84	BP 170	(5	Bur	ial	1-30-87			Memoria	al Park	Metairi	e, Jef	county ferso	n Loui	siana
25M	DHMH - 17		NERAL DIRECT		l Service		rco, Md	250	a. DATE REC'I	D. BY REGISTRAR	25b-REGISTR	AR'S SIGN.	ATURE	
	(VR A15 ME (5))	-	nai zuli	o runera.	r per Arce	obbe	100, 110	•	IVM S.	198/	July 100		-	



## STATE OF MARYLAND

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	UT	0 3 3 0 JA	173	REGISTRAR			CERTIF	ICATE OF DEATH	5 6	G. NO.	6	2 4
0	,			CEASED NAME FIRST	,	MIDDLE	1	AST	20 DATE OF DEA		AY YEAR	26 HOUR
D	<	of p	(TYPE	OR PRINT)			JOHNSO	M	TANIIADV	12, 1987		12:09Am
		pog r de	3 SE	JOHN ×	4 RACE		5. DATE C		6 AGE (IN YEARS L		F UNDER I YEAR	
		ofte.	3. 32.		T NACE		MONTH				ONTHS DATS	HOURS MIN.
170-	140	0 11 143	-	Male		ite	7	- 7 - 61	25	YRS.	OF DEATH	
- 20	W.	1000	1/	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	MARRIE	D NEVER MARRIED	A BALLIMOKE C	ITY OR COUNTY C	PUEAIN	
1			Service .	South Carolina			WIDOWE		1	ORE CITY		MD.
4	To good	12 2	1	ITY OR TOWN OF DEATH		HOSPITAL, NURS H FACILITY, GIVE STRE		OR OTHER INSTITUTION	12a USUAL OCCI	MOST OF WORKING LIFE)	INDUSTRY	OF BUSINESS OR
	0	of a land		ALTIMORE /		HNS HOPE		OSPITAL	Service	Technic	an J	leating/
Y" :		2 200	3a S	AL RESIDENCE (IF NURSI) HOME OF	R OTHER INSTITUTION	GIVE RESIDENCE BEFO		134 INSIDE CITY LIMITS?	13e STREET ADDR	ESS / 7IP CODE	Air	Condition
A 5	N.	7 10	S.	. Carolina Dor			nerville		Rt. 11	Box 90	Sumi	merville,
		神 計 为之	)C FA	ATHER'S NAME		1AST		15 MOTHER'S MAIDEN NA	ME S.	Carolina	2948	3
	X X	1 1/8		Milton E	dmund	John	son	Alma	MIC L	ee	Wiggi	ns
		1 25/37	lön. V	WAS DECEASED EVER IN U.S. AR	RMED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMANT	-	DDRESS		
3	Š.	では、		YES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	249-35-	9267	Mr. Milton	lohnson	R+ 11 F	en or	)
	BALTIMORE	72						int a mitton s	7011113011	144. 11 2		XIMATE INTERVAL
		LX		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY:			ARREST	-			
1	201 W. PRESTON ST., es that the Ideor ed by the otte to pleb of Minb. S. und, genotiop.		IMMEDIA	TE CAUSE (a)	CH	DIA	HARES				MINUTES	
3	Ö	I Day			DUE TO, O	R AS A CONSEO		F. C			Ц-	D0 =
	* ES	0 0 3		Canditions, if any, which gave rise to immediate	(b)	RESI	FIRA	TORY FAI	LURE		-	DAYS
	>	EN 15 \$ 5 5		cause (a), stating the underlying couse last.	DUE TO, OI	RAS A CONSEO		2 101		_		
	-	چور کورو			(c)	HEPAT			AILUR		-	MTH
		uires	7	PART 2 OTHER SIGNIFICANT	_		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIVE	W IN PART 1	(0)
- 6	RECORDS	The Tree of The Tree of The Tree of The Tree of Tree o	CERTIFICATION		KEMI							
	W 4	low primite prince	CA	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY		WERE FINDI	INGS USED S OF DEATH?
1	4	5 0 5 0 0 V	Į į	12/27/86		MAL	FAIL	ueE	YES NO	YES		NO X
1	5	THE PERSON		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	DE INJURY IN ITEM 18 PAG	(T ) OR PART 2)	
3	o a	50 E11 L/	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR		19					
1	O O	EN THE BY	WED	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY	ORTOWN	COUNTY	STATE
1	OIVISIONO	Se of the se	Σ	WHILE NOT WHILE AT WORK	(A) HOME, SIN	REET, FACTORY, OFFICE	, FARM, ETC }	STREET				Aura of
4	0	A A P O D D D D D D D D D D D D D D D D D D		220.1 certify that (1) (this hasp	ital attended th	e, deceased fram	_11/1	8 1986		12 1	87	, that (1) (we) last
		4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		sow the deceased alive on	1/12	19	87.	nd that in (my (aur) apinian	death occurred an	the date and haur	and from the	e causes stated
-		A Post		above, (1) (we) (fid) (did no 22b. SIGNATURE	ot) view the bady	after death.		DEGREE			_	E SIGNED
- 1	•	0 4 0 50 7		Janet	a. n	agel,	an	ATTENDING	MEDICAL DIRECTOR P	STAFF	1/	12/87
		A See R	1	22d PHYSICIAN'S NAME (TYPE				22e ADDRESS	] DIRECTOR [] P	HTSICIAN Z		70
		25 24 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		TANET	A. N	IAGEL,	mD	JOHNS	HOPK	INC A	HOSPI	ITAI
		0 2 2 2 4 4	-			U		1				
1	201	1000	730. E	BURIAL, CREMATION, REMOVAL (SPECIEY) Burial				EMETERY OR CREMATORY	23d. LOCATION	WN	COUNTY	STATE
4	49	BP 7 7	00.5	- Advanced	1416/8	1	riantat	ion Mem.Gard				ey S.C.
1	11	SHANT - 1 00M 7/84	74 FI	UNERAL DIRECTOR	N.C	Wholkess				TRAR 2 REGISTR	A CONTRACTOR	D. J. S.
1		(VRA 15, 4)		Lemmon-Mitch	ell- Wie	defeld l	nc. 10	W. PadoniaA	Nd. 4 130	June 20	water	Consum



4	FOR			DEPART	MENT OF H	EALTH AN	ND WEN	TAL HYGIE!	NE .			- 20
	- STATE		MEI	DICAL	EXAMINE	R'S CER	TIFICA	TE OF DE	ASH / RE	G. NO	2 5	5
	ECEASED NA	AME FIRST		WIDDLE		LAST			20. DATE KNOV	AN LX WONTH	DAY YEAR	2b HOL
SS.	TYPE OR PRINT)	THOM	AS JOSE	PH		JOHN	ISON.	JR.	OF ESTI	D 🗆 1	12 19 87	
3 5	EX	4 RACE	S DATE OF BIRTH		6. AGE (IN YEAR	IF UNDER	1 YR. IF	UNDER 24 HRS.	2c. DATE	HINOM	DAY YEAR	2d HO
N SYSH		В	MONTH DAY	LLO	38 YRS	MONTH IS	DAYS	JURS MIN.	PRONOUNCED DEAD	1	12 1987	9:0
X N S To	BIRTHPLACE	(STATE OR	76 CITIZEN OF WH				□ NEVER	MARRIED [	9 BALTIMORE	ITY OR COUN	TY OF DEATH	
DE B	ALTO .	,	USA			WIDOWED	-	IVORCED [	Baltimo	ore City	V	A
	CITY OR TOW		11. NAME OF HOS			OR OTHER IN	VSTITUTIO		UAL OCCUPATIO	N (TYPE OF WORK	12b. KIND OF BU OR INDUST	
28-46	Balt	imore	Liberty N			er		1	MOST OF WORKING LIF	€)	OK INDUST	KT
US 13e			OR OTHER INSTITUTION, GIV	E RESIDENCE		4)	INSIDE CITY L		REET ADDRESS	7	1717	
₫∯ /M		138. COOL	VIII		LTO.				35 WINCH	ESTER S	TREET	
Z - 11.	FATHER'S NA	ME				15 /		MAIDEN NAM	E			
25	HOMAS		WIDDIE	OHNS	ON SR.		SYLV	7 T A	MIDDLE		SMTTH	
- Z 160	WAS DECEA	SED EVER IN U.S. AR	MED FORCES?		IAL SECURITY	NO. 17. II	NFORMAN		ADI	DŖESS	DELLI	
NO NOT THE PROPERTY OF THE PRO	YES, NO, OR UN	(NOWN)	WAR OR DATES)	210	523523	C	TIDA	TOHNSON	2835 WI	MCHECUT	ER STREE	m
	18 CAUS	OF DEATH (Enter or	nly ane cause per line			1 0	TIDA	o Omison	( CO2) WI	TACULUS I L	APPROXIMAT	E INTERVAL
E- 1		DEATH WAS CALISE	DRV	, ,, ,							BETWEEN ONSE	ET AND DEAT
SHEET I	1	IMMEDIA	TE CAUSE (0)									
45.05	Consti	tians, if any, which		AS A CON	ISEQUENCE OF	11.0						
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRAN AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR RE-	gave	rise ta immediate	(b)									
ON THE		(a) stating the <u>under</u> cause last.	DUE TO, OR	AS A CON	ISEQUENCE OF							
O O O			(c)						1.743	2.7		
AAT		R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELA	TEO TO THE TERMIN	AL DISEASE OR C	ONOITION GIV	VEN IN PART 1 a	72			
E SE			A.	lcoho	lism &	chron	ic in	traveno	us drug	use		
E 1 5	190. DATE	OF OPERATION	196 CONDIT	ION FOR	WHICH OPERA	TION WAS PI	ERFORME	D?			20 AUTOPSY	?
											YES 🔣	NO [
MENTOP HEALTH O BURIAL, CREA	21a EXTER	NAL CAUSE WAS	21b. TIME OF		DAY YEAR	21c. HOW II	NJURY OC	CURRED (ENTER	NATURE OF INJURY IN	TEM 18 PART 1 OR P.	ART 2)	
25		NG OR JTING CAUSE OF			DAT TEAK							
PRIOR	21d. INJUR	YOCCURRED	21e PLACE C	F INJURY	(AT HOME,	211. LOCATIO						
201	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, E	TC.)	STREET			CITY OR TOWN	_ cc	YTAUC	STATE
0,21			ge of the remains des	ethnel abo	Bull	Autonou	X In		h	and in a	315 7 7	
AN		11/	7 500	more obo	8		-	spection L.	Inquiry L.,	and in my a	pinion	
RYL	death re	ulted from	rol coules to	7	L, Suice		Hamicide		termined manner	<b>□</b> ,		
3.8	ACTUAL	11/1	1. 1.	1/1/	3		TITLE (SPEC	Local		DATE		07
A W	SIGNATU	1	The Part of	10		M.D. <u>P</u>	Assis	Lallt. MEI	DICAL EXAMINER	SIGN		0/
S S S	EXAMINE	SNAME Char	les P. Kol	Kes.	M.D.		1	11 Penn	St., Bal	to. M	D 21201	
語る	(TYPE OR I					ADDI	KESS					
F 36	BUKIAL, CRE	MATION, REMOVAL	IJD. DAIL	173c. h	NAME OF CEMI	LIERY OR CR	EMATORY	730 L	OCATION			

07/84 25M

DHMH - 17 (VR A15 ME (5))

(SPECIFY) BURIAL

24 FUNERAL DIRECTOR

1/17/87

23c. NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

23d LOCATION LANSDOWNE

COUNTY STATE MD

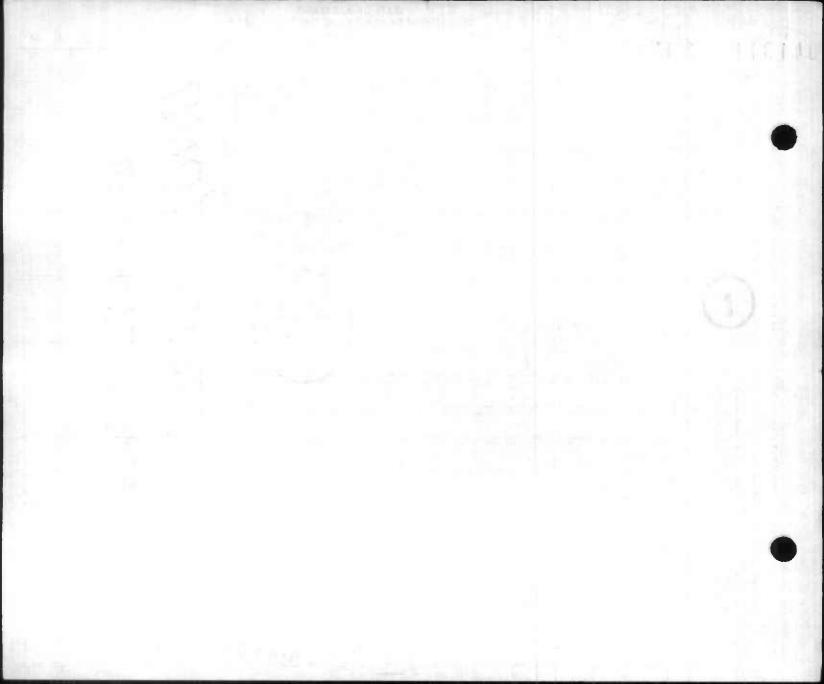
2d HOUR 9:05 A M

STREET APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO 🗌

STATE

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE



FOR STATE

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	REG. 1	۷٥.	3	2	5	6
E OF	DEATH	ALCONITAL	DAY	WE AD	Ta	110

MC MF	97	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
20		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
	[ITPE	WILL	E	JOHNSON	JAN 1187 6:39 AM
1	3. SE)	x [4	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
1	2	MALE	BLACK	MONTH DAY YEAR	68 YRS MONTHS DAYS HOURS MIN.
NJO9			CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
1/		CG.	U.S.A.	WIDOWED DIVORCEL	BALTIMORE CITY MD.
38		BUCTINOR	(# NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) HOW PITAL	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  CONSTRUCTION WERE
25	13s. S	AL RESIDENCE (IF NURSING HOME OR OF ATTE 135 FROM BALT		N 134 INSIDE CITY LIMITS?	13 e.STREET ADDRESS / ZIP CODE 1/32 MYRTLE AVE 2/201
Y	II FA	ATHER'S NAME FIRST AIE SAM	JOHNS	15 MOTHER'S MAIDEN NA	ME MIDDLE LAST
eden/	{1	VAS DECEASED EVER IN U.S. ARMÉ YES, NO OR UNKNOWN) (IF YES, GIVE V UN KNOWN)		0=00	inson 324 E, 28th Street
1	-	Outhensold	23-70	9533 Babby Joh	
Sept.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE	BY: CAROU	PULMONARY ARR	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
22		IMMEDIATE	CAOSE (d)		
-		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	E PULMONARY	EMBOUSM
other tra		gave rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE		
njury, or	NOI	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEPERDERAL VASC	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVEN IN PART 11a
ows only	CERTIFICATI	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
17		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
rked or the	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN COUNTY STATE
21 is ma		220.1 certify that (L)/(this hospital sow the deceased alive on obave, (I) (we) (did) (did not)	January 11 19 8	your 9, 19 87	death occurred an the dote and have and from the couses stated
T, If Barry		226. SIGNATURE	former	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN PO 1/11 (87
PORTAN		PETER H. G		22e ADDRESS	NE ST BALTIMORE, MD 2/2/0
8	23a. B		23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d LOCATION
	1	Burial	1-16-87 A	Rhytris Cernel	AR ALBUTUS COUNTY MOSTATE
		UNERAL DIRECTOR		25a. DAT	TE REC'D, BY REGISTRAR 25 WREGISTRAR 3 SIGNATURE
7/84	1	JARCH Funeral	Home 110 ADDREST	NORTH AUE. 111	N 1 6 1987 Julia Dander
14		THE PURIL	שווי פוזיטיו	TVOCITI FIUL.	

DHMH - 16 60M 7/84 (VRA 15, 4)

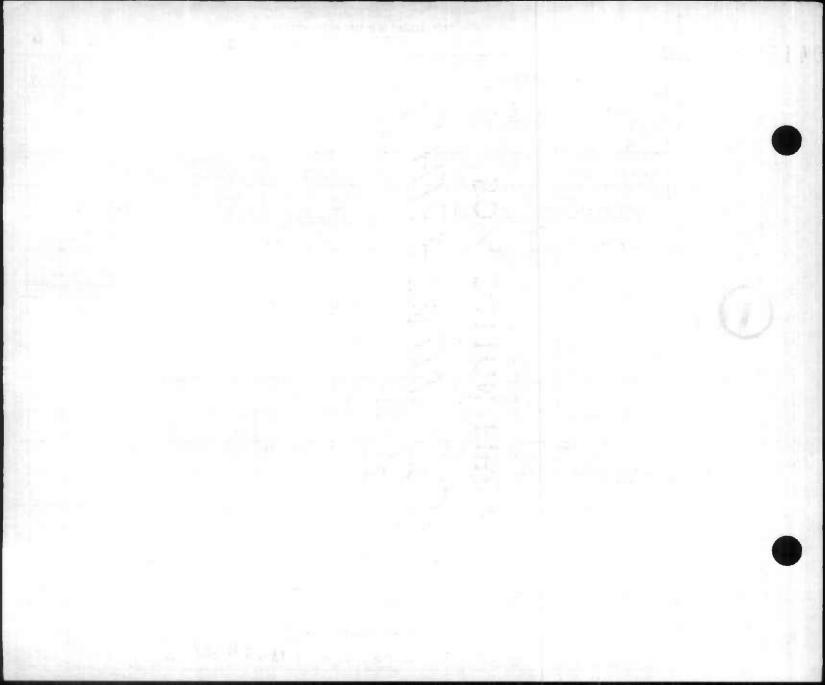
TO FUNERAL DIRECTOR, After this certificate has been signed shavid be alstoched for use as the bursal-transit permit. Then plain the State Dept. of Health and Mental Hygiene prior to bur

afferding physicia

retained by the holpital or

BP.

TO HOSPITAL



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR JAN UDECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-1S NECESSARY, PLEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES. LED, WITHIN 72 HOURS \$3 W. PRESTON STREET, Jollymore DEATH MATED James 1087 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 3 SEX DATE OF BIRTH 2c. DATE 2d HOUR 65 THDAY) 2:23 1987 White PRONOUNCED Male In BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Canada USA DIVORCED \* Baltimore City FILED, W WIDOWED -ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 112h KIND OF BUSINESS PAGE OR INDUSTRY unemployed S. Broadway Baltimore 13a. STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Balto Balto YES \* NO 227 S. Brosdway 21224 Md 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Jollymore Dellavaque George Mary 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT DawnRoot 2200VailthornRd. 21220 WW11 215-14-0924 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION USED / 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? E 3 SHOULD BE USED DEPARTMENT OF HE 31 PRIOR TO BURIAL, 20 AUTOPSY? NO X YES [] 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 21F LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE TO FUNERAL DIRECTOR: PACAFTER DEATH, WITH THE STA Inspection XX 22a I certify that I took charge of the remains described above, held on Autopsy and in my apinian death resulted frem Natural couses Homicide Undetermined manner TILE (SPECIFY) 1-6-87 Assistant EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. 21201 Dennis F. Smyth, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore Md. 1/17/87 GarrisonForrest Burial 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ConnellyFuneralHome 300MaceAve.21221 DHMH - 17 (VR AT5 ME (5))



### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO	0	2	5	
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-8	67	STATE REGISTRAR				CEF	RTIFIC	ATE OF DEAT	Н	8	REG. N	0	0	2	5 6
		CEASED NAME	FIRST	A	AIDDLE		LAST			26 DATE O	FDEATH	MONTH	DAY Y	YEAR 21	HOUR
			BESSIE	Gilm	ore	J	ONES			TANI	TARY 3	. 79	87		1:20a
- [	3. SE>	(		4. RACE			ATE OF			6. AGE (IN			IF UNDER		UNDER 24 HRS
		Female		B1	ack		07	18 190	2	84		YRS	MUNINS	DAYS	OURS MIN.
4		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUP	VTRY? 8.	nous l	NEVER MARR	IED []	9 BALTIMO	ORE CITY O		TY OF DEA	TH	
5		laryland	14-00	U.	S. A.		OWED			Ral+i	more	Ci + 11			M
$\overline{}$		TY OR TOWN OF	DEATH			IURSING HO	ME OR	OTHER INSTITUTI		12a USUAL	OCCUPAT	ION			SUSINESS OF
4	Ba	altimore		Marylai	nd Gen	eralHo	Sspi	tal			rkformosto naker	F WORKING	(IFE) INDU	JSTRY	Home
7	USUA 130. S	AL RESIDENCE (IF											Macv		21216
5		ryland	13h COUN	IY	Balti			Nd. INSIDE CITY LIA	_	2801	Rayne	ZIP CO	enue	Ralt	imore,
=	_	THER'S NAME			Da.c.	LINOIC		MOTHER'S MAI	N-mad		Mayric	JI /IV	CHUC	Dare	THOIC
9		Cornel		MIDDLE	Gilmo			Lollie			MIDDLE			ers	
		VAS DECEASED EN		MED FORCES?	16h SOCIAL	L SECURITY N	10.	INFORMANT N	ſr.	Bal	timore	Ma, Ma	rylar	nd	
		No.	(# 723, 011		220-7	76-9646	6 L	eon Gilm	nore	527	Cumbe	erlan	d Str	eet	21217
7	CERTIFICATION		immediate ating the iuse last.	ONDITIONS <u>CC</u>	ONTRIBUTIN		BUTN	OT RELATED TO T		NAL DISEAS		20b IF Y	GIVEN IN P	FINDING	
	TIF									YES 🗌	NO [		YES 🗌		NO 🗌
9		216. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEA	TH HOUR A.	M, MONTI	H DAY Y	EAR 19	AL HOW INJURY	OCCURR	ED (ENTERN	ATURE OF INJU	RY IN ITEM )	B PART I OR P.	ART 2)	
/	MEDICAL	AT WORK	T WHILE WORK		EET, FACTORY, C	OFFICE, FARM, ET	C }	II LOCATION STREET			CITY OR TO	NWN	COU	MTY	STATE
		saw the dec above, ( <b>K</b> (w	eased alive an	al) attended the January	3.		_, and	er 30, 19 that in \$6\$3 (our)			anuaru ed on the d			om the cau	
		22b. SIGNATURE	C.6- 9	Par	Che	n		GREE ATTEN PHYS		MEDICAL DIRECTOR	STA PHYSIC		220	an. 3	187
П		22d PHYSICIAN'S	NAME (TYPE O	R PRINT }				??e ADDRESS							
			V					c/o Mar	ylan	d Gene	eral l	Hospi	tal		
		BURIAL, CREMATIC	ON, REMOVAL	23b. DATE		23c NAME	OF CEA	AETERY OR CREM	ATORY	23d. LOC	ATION Y OR TOWN		COUNT	,	STATE
		Bur	ial	1/09/	1987	Mt.	Aubu	rn Cemet		Bal	ltimor			Ma	ryland
		MANE &O			ADE	INC .				REC'D. BY		25h REGJ	STRAPS	GNAT	indeal
	25	01 Gwynn	s Falls	Pkwy.	Baltin	nore, l	Md.	21216	JA	N 6	1987	8	- paris		

DHMH - 16 60M 7/84 (VRA 15, 4)



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T	OF	HE	ALT	TH	AND	MENT	ΓA

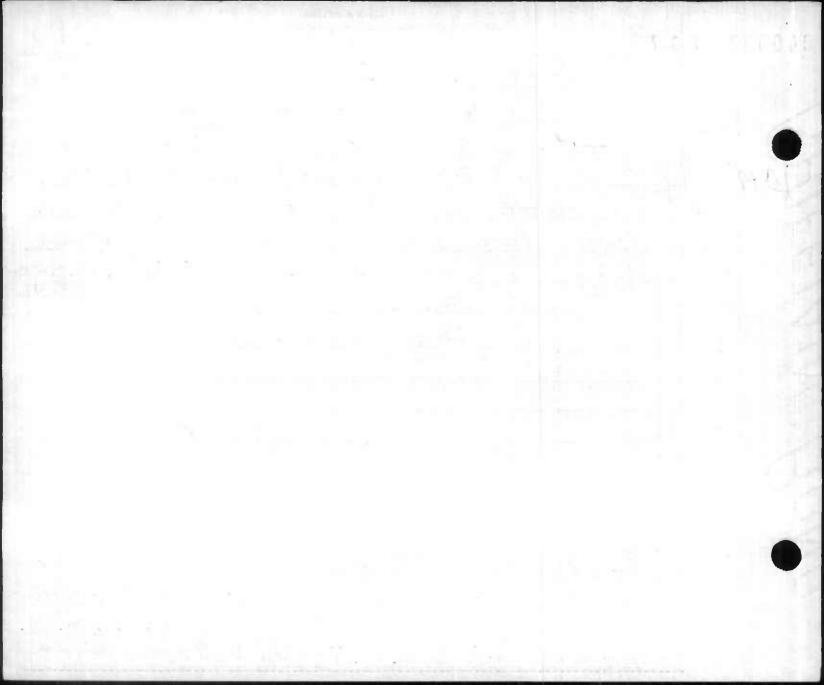
8	REG.	NO.	0		2	วั	1
TE OF	DEATH	MONTH		DAY	YEAR	26 HOUR	_

	REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	8 REG. NO.	0 ! 2 5
	CEASED NAME FIRST JAME	MIDDLE	LAST	20. DATE OF DEATH MONTH	
			JONES	/	4 87 4:00
3 SE	X 4	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
n	1915	white	4 26 20	66 y	RS.
	IRTHPLACE (STATE OF FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH
	AHA Md.	4514	WIDOWED DIVORCED [		MORE City
1	SALTIMORE	South Baltimol	RE GEN. HURSIT	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  PETITED INS	ng Life)   126 KIND OF BUSINES
13a S	STATE	AA 130. CITY OR TOWN	YES NO	5243 DAM	
14 FA	ATHER'S NAME FIRST MID	DIE LAST	15 MOTHER'S MAIDEN I	MIDDLE	LAST
1		Flmer Jone		CY	Pearsor
	WAS DECEASED EVER IN U.S. ARME		RITY NO. 17. INFORMANT	Rteoresa,	Box 8
,	WAXOOKA Yes WW	2 2121671	65 James E.	Jones Grasonv	ille, Md.21
ATION	Canditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENT (b) ACUTO (C) DUE TO, OR AS A CONSEQUENT (c) NDITIONS CONTRIBUTING TO DISTRIBUTION FOR WHICH CONTRIBUTION FOR	NCE OF	rminal disease or condition	I GIVEN IN PART I TO
TIFICATION	gave rise ta immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE.	NCE OF	RMINAL DISEASE OR CONDITION  200 AUTOPSY? 20b. I	
CAL CERTIFICATION	gave rise ta immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE.	NCE OF  EATH BUT NOT RELATED TO THE TE  DPERATION WAS PERFORMED  21c. HOW INJURY OCC	RMINAL DISEASE OR CONDITION  200 AUTOPSY? 20b. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO
MEDICAL CERTIFICATION	gave rise ta immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK AT WORK	DUE TO, OR AS A CONSEQUENCE.  (c)  DITIONS CONTRIBUTING TO DI  196. CONDITION FOR WHICH CO  216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.  216. PLACE OF INJURY (AT HOME STREET, FACTORY, OREICE, FA	EATH BUT NOT RELATED TO THE TE  DPERATION WAS PERFORMED  21c. HOW INJURY OCCU  Y YEAR  19  21l. LOCATION  STREET	RMINAL DISEASE OR CONDITION  200 AUTOPSY?  YES NO	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO
Ū	gave rise ta immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  27a.1 certify that (I) (this hospital sow the deceosed alive on above, (I) (we) (did) (did not)	DUE TO, OR AS A CONSEQUENT (c)  19b. CONDITION FOR WHICH CONDITION	EATH BUT NOT RELATED TO THE TE  DPERATION WAS PERFORMED  Y YEAR  19  211. LOCATION STREET  212. And that in (my) (aur) aprining	RMINAL DISEASE OR CONDITION  200 AUTOPSY?  YES NO NO NO IN COLUMN IN ITEA  CITY OR TOWN	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO COUNTY STA
Ū	gave rise ta immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  27a.1 certify that (I) (this hospital sow the deceosed alive on abave, (I) (we) (did) (did nat),  22b. SIGNATURE	DUE TO, OR AS A CONSEQUENT (c)  NDITIONS CONTRIBUTING TO D  196 CONDITION FOR WHICH CO  216 TIME OF INJURY HOUR A.M. MONTH DATE P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OEEICE, FA  attended the deceased from 19  14 NUR 124 19  19  10 Clear Call	PEAR 19  211. LOCATION STREET  DEGREE  ATTENDING PHYSICIAN	RMINAL DISEASE OR CONDITION  200 AUTOPSY?  YES NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO COUNTY STA
MEDICAL C	gave rise ta immediate couse (a), stating the underlying, couse lost.  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  22a,1 certify that (I) (this hospital sow the deceased alive on above, (I) (wee) (did), (did not).  22b. SIGNATURE	DUE TO, OR AS A CONSEQUENT (c)  NDITIONS CONTRIBUTING TO DI  196. CONDITION FOR WHICH CO  216. TIME OF INJURY HOUR A.M. MONTH DA' P.M.  216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OEEKCE, FA  ATTEMPT OF THE CONTRIBUTION OF	PEAR 19  216. HOW INJURY OCCU  Y YEAR 19  211. LOCATION SIREET  DEGREE ATTENDING PHYSICIAN  226. ADDRESS 3001	RMINAL DISEASE OR CONDITION  200 AUTOPSY?  YES NO NOT IN CI  URRED (ENTER NATURE OF INJURY IN ITER  CITY OR TOWN  TO MEDICAL STAFF  DIRECTOR PHYSICIAN IN  HANUVER	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO COUNTY STA
MEDICAL C	gave rise ta immediate couse (a), stating the underlying, couse lost.  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  22a,1 certify that (I) (this hospital sow the deceased alive on above, (I) (wee) (did), (did not).  22b. SIGNATURE	DUE TO, OR AS A CONSEQUENT (c)  NDITIONS CONTRIBUTING TO DI  196. CONDITION FOR WHICH CO  216. TIME OF INJURY HOUR A.M. MONTH DA' P.M.  216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OERICE, FA  Lattended the deceased from Di  ANDREY 7 19  We the bady after death.	PEAR 216. HOW INJURY OCCU  Y YEAR  19  211. LOCATION STREET  217. and that in (my) (aur) apining DEGREE ATTENDING PHYSICIAN 226. ADDRESS	RMINAL DISEASE OR CONDITION  200 AUTOPSY?  YES NO NOT IN CI  URRED (ENTER NATURE OF INJURY IN ITER  CITY OR TOWN  TO MEDICAL STAFF  DIRECTOR PHYSICIAN IN  HANUVER	FYES, WERE FIERTIFYING CAI YES  COUNT COUNT Hour and fran

DHMH - 16 60M 7/84

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(VRA 15, 4)



# rral director. page 3 72 hours after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbompape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. etained by the hospital or attending physicion

FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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5	REG. NO.	0		2	6	0
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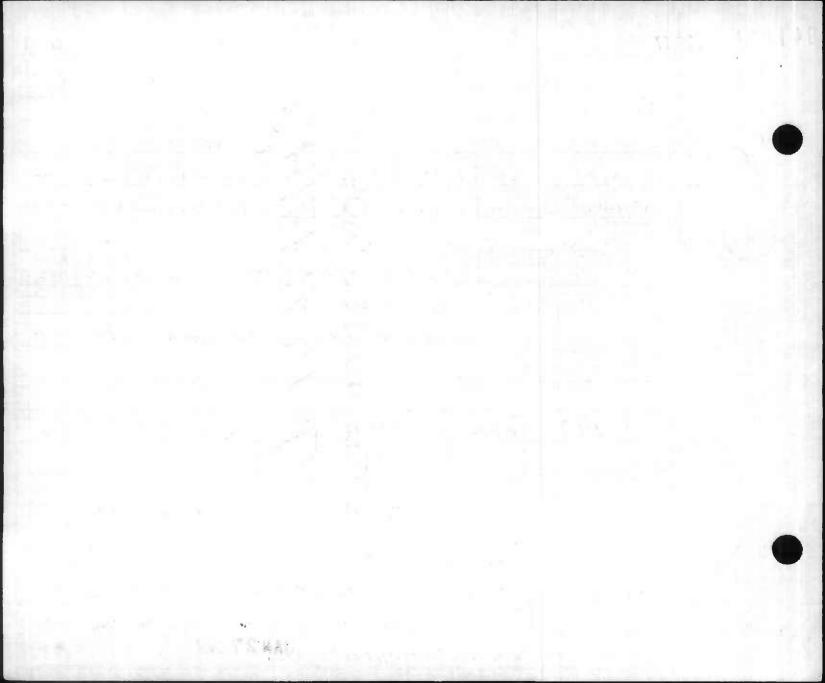
	CEASED NAME HOZE	l Inez	Jone	NES	1/18/87	DAY YEAR 26 HOUR
3. SE	FEMERE	1 RACE WHIT	5. DATE (		6 AGE (IN YEARS LAST BIRTHDAY) 72 YR	
( W	ILSON, N.C	16 CITIZEN OF WHA	MARRIE	ED DIVORCED	BACTINO	RE CITY N
B	SHUTIMORIS	UNIVEY	LITY GIVE STREET ADDRESS)	EMA HOSPITHL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING BOOK RELPET	Ladies Appar
13a.		1TY 13c. 0	ESIDENCE BEFORE ADMISSION) THY OR TOWN TLISBURY	134 INSIDE CITY LIMITS? YES NO		DOE CIRCLE 218
2/14. 8/	William T	haddeus	Jones	15 MOTHER'S MAIDEN NAI	MIDDLE	Owens
40	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV		31-14-4686	IRMA MC		PRING, MD 20903
z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	D BY.  E CAUSE (0)  DUE TO, OR AS.  (b)  DUE TO, OR AS.	RESPIRATE A CONSEQUENCE OF A CONSEQUENCE OF	CLIAR CELL		I MONT 14
MEDICAL CERTIFICATION	19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED  WHILE NOT WHILE	DIAGNO.  21b. TIME OF INJ HOUR A.M. P.M.  21e. PLACE OF IN	MONTH DAY YEAR 19		YES NO IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
	22a. I certify that (I) (this hospi sow the deceased alive an obove, (I) (we) (did) (did no 22b. SIGNATURE	Jorens	1987 0	DEGREE  ATTENDING PHYSICIAN [  22e ADDRESS	death occurred on the date and land medical STAFF DIRECTOR PHYSICIAN BETTER STAFF	22c. DATE SIGNED
	BURIAL, CREMATION, REMOVAL	23b. DATE 1/22/19	87 Springhi	EMETERY OR CREMATORY	234 LOCATION CITY OR TOWN  dens Hebron, W	

DHMH - 16 60M 7/84

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24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland (VRA 15, 4)

Springhill Memory Gardens Hebron, Wicomico, Maryland



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	00	本の行
	OR ATTENDENC PHYSICIAN: The low requires that the desirth entitions be executed within 24 hours of the household or attending physician.	DIRECTOR, After this certificate has been signed by the affects of physician and completely tilled in by the furnished for use on the busistic against Deep for a property of property and 7 should be likely within 72 hou
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DEPARTMENT OF HEALTH AND MENTAL HYGIE

CERTIFICATE OF DEATH

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MEGISTRAR			CEKIII	ICAIL OF L	EATH	REG. N	0.	E 6 4	
	IRST	WIDDLE		LAST				DAY YEAR	26 HOUR
(TYPE OR PRINT)	AMES I	Howard		TONES			1 1	3 87	
3. SEX	4. RACE		5. DATE O	OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	
Male		Cauc.	MONT	0 2	1896	90	YRS	AONIHS DAYS	HOURS MIN.
To BIRTHPLACE ISTATE OF FOR	IGN 76 CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY		OF DEATH	
Fred.County	U.S	.A.	WIDOW	D NEVER	VORCED	Baltimr	oe. C	lity	MD
IO CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME			120 USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR
Baltimore		ley Home		,		Vice Pre	S .	Ban	king
USUAL RESIDENCE (IF NURSING 13a STATE MD	HOME OR OTHER INSTITUTION	130 CITY OR TOW Baltin	/N	13d. INSIDE C	ITY LIMITS?	136 STREET ADDRESS	reanne	Dr. 2	1218
M. FATHER'S NAME					MAIDEN NAM		28011110		.1210
FIRST J.	Burges				nnie	Be1	-	Bar	ens
	U.S. ARMED FORCES? IF YES GIVE WAR OR DATES)			17 INFORMA		ADDR			181
Yes	WWI	217-14-	5939	R.J.Sh	ipley 2	211 W. Rog	ers Av		
18 CAUSE OF DEATH	Enter only one couse pe	er line for io, ibi, or	dicil		C .1			APPROX BETWEEN	ONSET AND DEATH
	MEDIATE CAUSE (a)	Res	urate	01-1	1-a1/1	146		aci	te
Canditions, if any, w	hich ( (b)	OR AS A COPPECU	ENCE OF	ons	Dise	use		ye	ars
gove rise to immed cause (a), stating underlying cause		DR AS A CONSEQU	ENCE OF						
PART 2 OTHER SIGNIF		CINCMA	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 1	a
METASTA 190 DATE OF OPERATIO 210 ACCIDENT WAS UNDERLY		DITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY2	IN CERTIFY	, WERE FINDI	S OF DEATH?
710 ACCIDENT WAS UNDERL	YING 7 216. TIME	OF INJURY		21c HOW IN	JURY OCCURR	YES NO	YES		NO 🗌
00.000.000.000.00	SE OF DEATH	A.M. MONTH D P.M.	AY YEAR			(6.1)			
(IF EITHER NOTIFY MEDICAL  214 INJURY OCCURRED  AT WORK  AT WORK		OF INJURY TREET, FACTORY OFFICE	FARM, ETC.)	21f LOCATION STREET	)N	CITY OR TO	IWN	COUNTY	STATE
220 I certify that (1) (th	wheepital attended t	he deceased from_		MAY	, 19 80		/3	1987	that (1) (we) last
sow the deceased	(did not) view the bad	-/3 y after death	87	nd that in	(ew) opinian o	death accurred on the d	ate and hour	ond from the	couses stated
226. STGNATURE	7 D1	44		DEGREE	TTENDING	AMEDICAL STA	rr.		SIGNED
Kover	2 Koly	M.D.			PHYSICIAN X	MEDICAL STA		/-/	3-87
22d PHYSICIAN'S NAM	E. Tok	RY M-T	).	22e ADDRES	7 Re	lair Rd.	15	236	
23a BURIAL, CREMATION, RE	MOVAL 236. DATE	23c	NAME OF C	EMETERY OR	REMATORY	23d. LOCATION			
Burial	1-16-	87 C	entra	1 Cemet	erv	New Marke	t. Fred	lerick	STATE
								Auddus	11111

DHMH-1650M1/81 (VRA 15, 4) Mitchel

Mitchell-Wiedefeld Home 6500 York Road 21212

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FOR STATE REGISTRAR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

L HYGIENE	Ø.	7	0	1
1	0	REG. NO.	U	-

8	REG.	NO. ()	1	2	Ó	2
ATE	OF DEATH	MONTH	DAY	YEAR	2b HO	UR
		. ~	-	C	1	2 .1

		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	(TYP)	E OR PRINT)		I	,	29 87 637
	3. SE	x Jonat	1 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR)	THDAY IF UNDER 1 YEAR IF UNDER 24 HRS
140		MALE	BINAK	MONTH DAY Y	EAR /4 O	MONTHS DATS HOURS MIN.
A.	To B	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	8 25 5	9. BALTIMORE CITY O	YRS.
0		COUNTRY	1450	MARRIED NEVER MARR	ED 🗇	K COONTY OF DEATH
5	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORC		more City MD.
100 E	P	Saltimare	(IF NOT IN SUCH FACILITY, GIVENTREET	ADDRESS)	(TYPE OF WORK FOR MOST O	
mast be	13a. S	AL RESIDENCE (IF NURSING HOME OF	11 2 11			ZIP CODE 2/2/7
New Year	14. F/	ATHER'S NAME		15 MOTHER'S MAI		
X		Orlando	MIDDLE	LR ELIT	MIDDLE	L. S.G. V. S
icol		WAS DECEASED EVER IN U.S. AR		JRITY NO. 17. INFORMANT ,	ADDRE	SS
med	(	YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 21844	6412 ELINON	2 JONES DO	POI Violet Ave
4		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), on	d (c).)	^	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (a) Cirdse	relinancy +	trest	7 min
offic			DUE TO, OR AS A CONSEQUE	ENCE OF		
-		Conditions, if ony, which	( 16) Renal	L Failure		
-		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		
6		underlying cause lost	1 Hener	1. 5.0		
0.70	.31	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONL	DITION GIVEN IN PART I (a)
2	CERTIFICATION	Small	Coll Comein	ang of L	una - Me	forstate's
ou C	S	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
how	RTIF				YES NO	YES NO
18 5		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		AY YEAR 21c HOW INJURY	OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2}
E W	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	NIII .	19		
0	ED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211. LOCATION	CITY OR TO	WN COUNTY STATE
rkeo	5	AT WORK NOT WHILE AT WORK	THE STREET, PACTORY, OFFICE, P	ANN ETC.		
E		220.1 certify that (1) (this hospi	tal) attended the deceased from_	1/2-5 19	P7. to 1/2	7 , 19 5- 2, tho (() we) lost
21:		sow the deceased alive on	it) view the body after death.	2, and that in (my) (our)	opinion death accurred on the do	ite and hour and from the couses stated
Hen		27b. SIGNATURE	The water body offer deom.	DEGREE		220 DATE SIGNED
T. 14		Cho	how of Class	ATTEN PHYSI		
NA N		224 PHYSICIAN'S NAME (TYPE O	PR PR INT)	22e ADDRESS		
MPORTANT		Akshay	11. Amin	. Un.	v. et Many	land Mosn tol
3		BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF CEMETERY OR CREM.	ATORY 23d LOCATION	
		BURIAL	2-3-87 1	17. CALVARY	CEM. BALTIM	DRE. MARYLAND
7/84	24 FI	UNERAL DIRECTOR	15-11 10. IDDA	101	75a DATE REC'D. BY REGISTRAR	The second secon
)	BI	20WN/7Hompsa	NF. H. 1913 U	1, BALTO, SX	MN SO BRI	a Dividion Kaner- %

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please memory with the State Dept. of Health and Mental Hygiene prior to burial crimation.

retained by the haspital or attending physician.

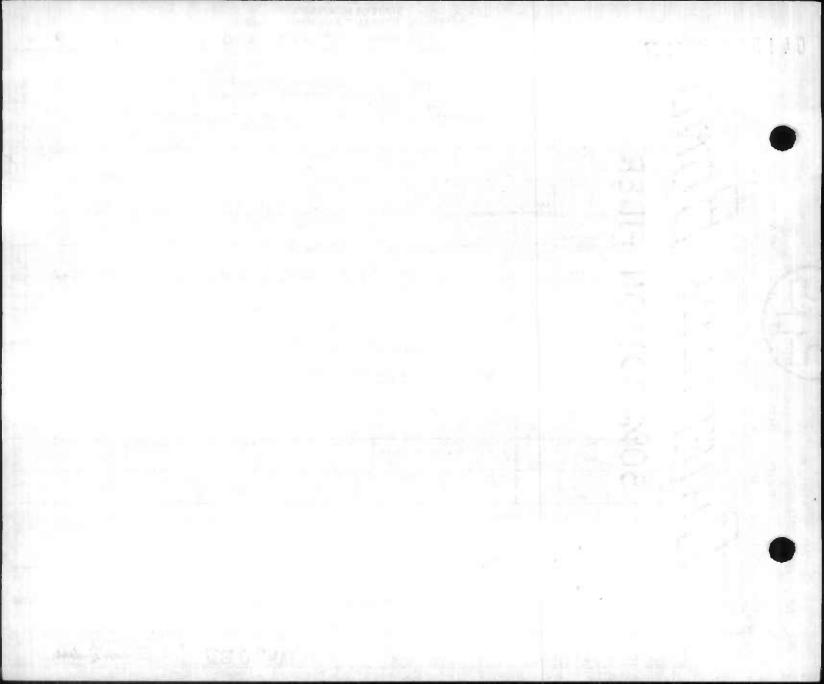
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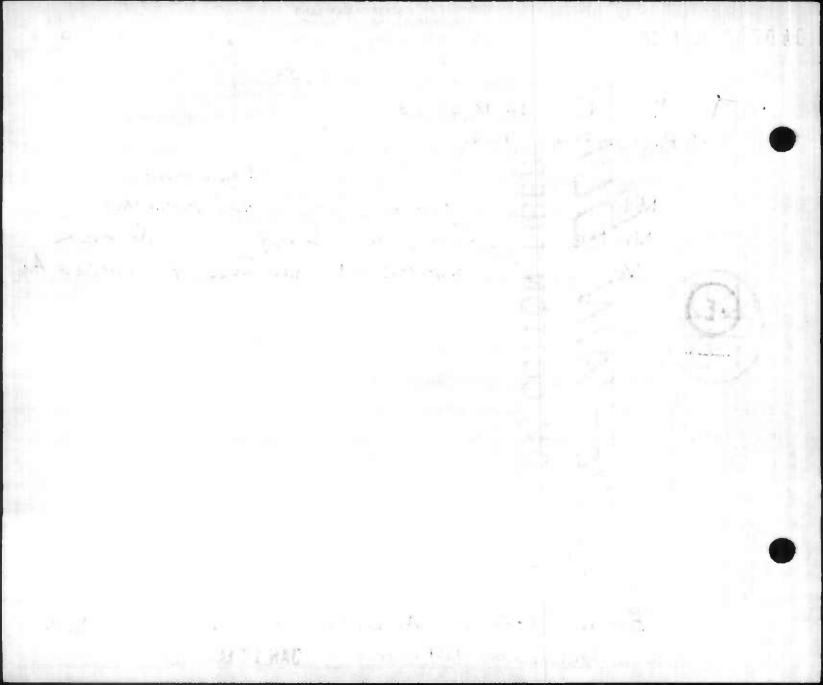
SULFE FF F AT BUMBY LEW BRITMERE LIMBYKAND DEAL HOLLY SOLF H. LAIS W. ENCLE. STILL ST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH P REGISTRAR LECEASED NAME 20 DATE KNOWN X MONTH THE OR PRINTS OF ESTI-472 HOURS ON STREET. T. DEATH MATED 10 19 87 Kevin Jones 4 RACE A AGE LIN YEARS IF UNDER 1 YR 24 HOUR 5 DATE OF BIRTH IF UNDER 24 HRS. 2c DATE MARRAL DIRECTOR OF THE PROPERTY OF CO. DAY YEAR LAST BIRTHDAY) PRONOUNCED 1:45A Male Black DEAD 198 19. 67 Sept. TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore, Md U.S.A. DIVORCED Baltimore City, ITEM 18. GIVE PAGES I 2. AND 3 TO THE POOL WITH FORM IN 3. REFAIL PAGE PERMIT. PAGES 1 AND SHOULD BEFIND SIENE, DIVISION OF VITAL PEOPLES. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17b KIND OF BUSINESS Baltimore University Hospital Laborer SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REPORT ADMISSION) 13e. STREET ADDRESS 113b COUNTY 13d. INSIDE CITY LIMITS? None Baltimore Md. 2905 Windsor 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Jones Edward A. Marian Johnson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 217-90-8354 Marian Cranshaw 2905 Windsor Av CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN-PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIFF MEDICAL, EXAMINER ALONG Y FOR FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL, ITRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALLTIMAQRE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Gunshot wound of chest IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 🗌 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING SOR 12:50xx 10 10 87 subject shot 21e PLACE OF INJURY LATHOME. 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM ETC.) CITY OF TOWN AT WORK AT WORK Blk. Gwynns Falls Pkwy, Baltimore City MD street 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinian Hamicide X Undetermined manner death resulted from: Natural causes Accident Suicide TITLE (SPECIFY) ACTUAL Deputy ChiefeDICAL EXAMINER 1/10/87 SIGNATURE Ann M. EXAMINER'S NA Bixon, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23t. NAME OF CEMETERY OR CREMATORY Woodlawn 07/84 Burial 1/15/87 King Mem Pask 24 FUNERAL DIRECTOR 250. DATE REC'DEBY REGISTRAR **DHMH - 17** 

Law Funeral Home 4611 Park Heights Ave

(VR A15 ME (5))





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FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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07		REGISTRAR						REG. N	0.		
07		CENSED MANE	FIRST		VIDDIE	l	AST .	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
П	(ITE	Na	athar	niel		J	ones		1 13	1987	
4	3 SE)	X	4.	RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
		male		black		MONTH	14 14	72	YRS.	NIHS DAYS	HOURS MIN.
1		IRTHPLACE (STATE OR FOR	EIGN 7b	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED X	9 BALTIMORE CITY			
5		Md		U S A	7	WIDOWE		Rolfimo	re ci	ty	MD.
0		altimore	1		HOSPITAL, NURSIN HEACILITY, GIVE STREET N. Eden		eet	(TYPE OF WORK FOR MOST) Retire	ON OF WORKING LIFE)	12b. KIND OI INDUSTRY	F BUSINESS OR
5	USÜA 13a. S	AL RESIDENCE (IF NURSING STATE 13	HOME OR OT		GIVE RESIDENCE BEFORE  131. CITY OR TOWN  Baltimo	N	13d INSIDE CITY LIMITS?	13-STREET ADDRESS	ZIP CODE den S	treet	1213
n		ATHER'S NAME Unknown	MI	DDLE	ŁAST		Unknown	AME		LAST	ī
		MAS DECEASED EVER IN YES, NO OR UNKNOWN) (		ED FORCES? WAR OR DATES)	16b SOCIAL SECU	RITY NO.	17 INFORMANT Ellen Lea	ch 1721		ėster	Stree
		18 CAUSE OF DEATH (	CAUSED		line far (a), (b), and	dicul	cardio	mes sather		APPROXIA BETWEEN C	MATE INTERVAL ONSET AND DEATH
	z	Conditions, if any, which gave rise to immediate cause (a), stofing the underlying couse last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTIONS (A) DATE OF OPERATION  19a DATE OF OPERATION  19b CONDITION FOR WHITE			WILL R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TEI	heart ,	Jacker	IN PART 110	3
9	CERTIFICATION				TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, V IN CERTIFY! YES	WERE FINDIN	OF DEATH?
7		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	ISE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	I I OR PART 2)	
1	MEDICAL	21d INJURY OCCURRED  WHILE AT WORK  AT WORK		21e. PLACE ( (AT HOME, STR	OF INJURY BEET, FACTORY, DEFICE FA	ARM, ETC )	211. LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
		27a I certify that (I) (this haspital) attended the deceased from					nd that in (my) (our) apinio		FF _		
		22d. PHYSICIAN'S MAM	ber	PRINT)	- Smit	K	22e ADDRESS /000	Eager.	St.	Bath	, pro
		BURIAL, CREMATION, RE	MOVAL	23b. DATE			EMETERY OR CREMATOR	CITY OR TOWN		COUNTY	STATE
		Burial		1/17/	87 Ba	ltim	ore Cemete	ry Baltimo	re e	Par Par	Jack Md.
	24 FL	UNERAL DIRECTOR					250 D	ATE REC'D, BY REGISTRA	25baREOHSYR	AR'S SIGNATI	URE

DHMH - 16 60M 7/84

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or attending physicia

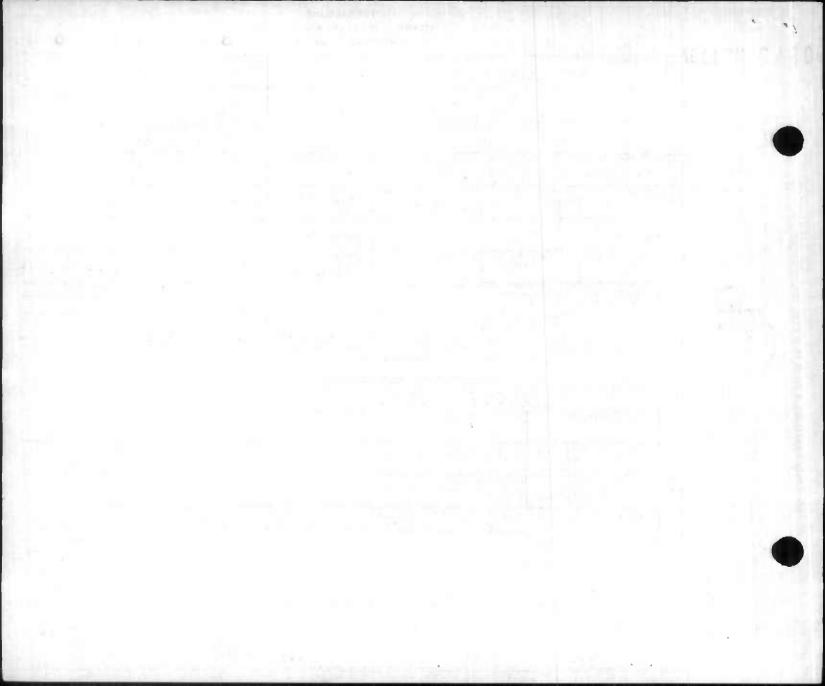
IMPORTANT: If Item 21 is morked or Item 18 short any TO FUNERAL DIRECTOR, After this certificate has be should be detached for use as the burial-transit parmit with the State Dept. of Health and Mental Hygieme pre-

(VRA 15, 4)

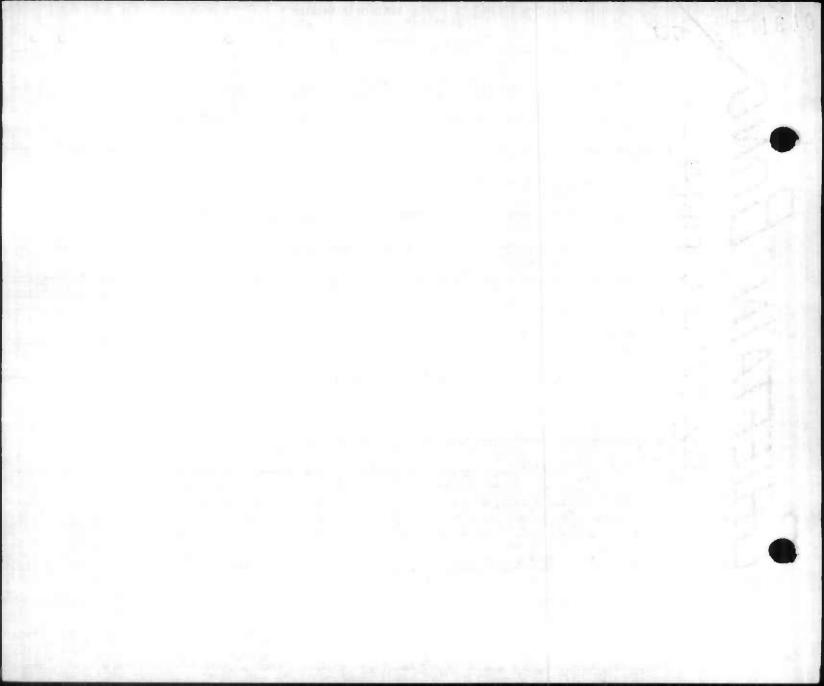
Wm.C. March F/H

1101

E. North Avenue AN 16 1987



03 150-34	JOR HOLIT			ATE OF MARYLAND F HEALTH AND MENTAL	HYGIENE	
1/ 3	REGISTRAR	MI	EDICAL EXAMI	NER'S CERTIFICATE	OF DEATH / REG. NO	11200
	CEASED NAME	IRST	WIDDLE	LAST	20. DATE KNOWN K	MONTH DAY YEAR 26 HOUR
(,,,		yrone	D.	Jones	OF ESTI-	1/ 31/19 87 M
3. SE.		5. DATE OF BIRTH	6. AGE (IN		ER 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR
l M		MONTH DAY	YEAR LAST BIRTH	YRS. HOURS	MIN. PRONOUNCED DEAD	1/ 31/19 87 a M
	IRTHPLACE (STATE OR	B 4 16	VHAT COUNTRY?	10	1 BALTIMORE CITY OF	
3	DREIGN COUNTRY)	1100		MARRIED NEVER MAI	F3	0:1
10. C	MD ITY OR TOWN OF DEATH	USA III NAME OF HO	SPITAL NURSING HO	ME. OR OTHER INSTITUTION	RCED   Baltimore	
		(1F NOT IN SUCH I	ACILITY, GIVE STREET ADDRESS		FOR MOST OF WORKING LIFE)	OR INDUSTRY
USU.	Baltimore AL RESIDENCE (IF IN NURSING		emon St.	SION	URBAN SERVICE	5
13a. S		COUNTY	13c CITY OR TOWN	13d. INSIDE CITY LIMITS?		
-	MD		BALTO.	YES X NO [	- I TOO LEINION S	T. 21223
14 F	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAI	DEN NAME MIDDLE	LAST
	YRONE		DAVIS	FANNIE		JONES
160.	WAS DECEASED EVER IN L YES, NO, OR UNKNOWN) (IF Y	.S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECUR	ITY NO. 17. INFORMANT	ADDRESS	
N	0		21552030	7 FANNIE D	OCKINS 502 E. NO	RTH AVE. 21202
	18. CAUSE OF DEATH (E	nter anly ane cause per lin				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I DEATH WAS	AUSED BY: MEDIATE CAUSE (a)		Ligature Stra	ngulation	
	370		R AS A CONSEQUENC			
	Conditions, if any,					
1	couse (a) stoting the		R AS A CONSEQUENC	E OF		
100	lying cause last.	(0)				
1	PART 2 OTNER SIGNIFICANT CON	OITIONS CONTRIBUTING TO OFAT	H BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN	PART 1 (n)	
Z				The state of condition office the	THAT I WE	
1 8	19a. DATE OF OPERATIO	N 195 COND	ITION FOR WHICH OP	ERATION WAS PERFORMED?		20 AUTOPSY?
FIC						
MEDICAL CERTIFICATION	216. EXTERNAL CAUSE W	AS 21b. TIME C	DE INJURY	I 214 HOW IN JURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM 18 PA	YES Y NO
100	UNDERLYING NOR	HOUR A.	M. MONTH DAY YE	AR		
S	CONTRIBUTING CAU		M. 1/30/ 198	211 LOCATION	nd strangled	
MEL	WHILE NOT WHI	SIDES SI	CTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK		home	1309 Lemon S	t., Balto. City,	Md.
	Ils I of tily Year I you	shape at the emains de	escribed abave, held on	Autapsy X, Inspect	nan . Inquiry . ond	in my opinion
	death resided tom-	Netural gauses		Suicide Homicide X		
	197	1/00	11/	TITLE (SPECIFY)		
	ACTUAL SIGNATURE	xuu	alelin	- Mn Chief	MEDICAL EXAMINER	DATE 1/31/87
		1	119	M.D. 011202	MEDICAL EXAMINER	SIGNED -/ OZ/ O/
4-	EXAMINER' (TYPE OR PRINT)	(John E. Sm	ialek, M.D.	ADDRESS 11	l Penn St.	
73e P	BURIAL, CREMATION, REMO		and the second second	EMETERY OR CREMATORY	23d LOCATION	
1	SPECIFY)				CITY OR TOWN	COUNTY STATE MD
	BURIAL UNERAL DIRECTOR	2/6/87	KING ME	MORIAL PARKO DAT	RANDALLSTOWN E REC'D. BY REGISTRAR 258. REGIS	TRAR'S SIGNATURE
	NAME	ADDRES		2	-3-87	TO THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OW
	MARCH FUNERA	L HOME 110	L E. NORTH	AVE.	0.01	



ompletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours ofter death

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1	2	0	2	6	
}	REG. NO.	U	En	0	
	REG. NO.				

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

IAN 6

Asia

Kindson Randall

				REG. N	O.	
DECEASED NAME FIRST	MIODLE	LAST	JR,	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
WILR	UR	JON	55		1 -1	8, UII: 38 &
SEX	4 RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIR		ER I YEAR IF UNDER 24 H
MALE	DLACK	MONTH S	25	58	YRS.	DAYS HOURS M
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	ER MARRIED	BALTIMORE CITY		EATH
MARYLAND	US.A.	MARRIED NEV	DIVORCED [	BAUT.	CITY	
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			120 USUAL OCCUPAT	ON 12b	PURCHUSIESA
RAUT, CITY	(IF NOT IN SUCH FACILITY, GIVE STREET	LT GEN		SCHOOL TEL		
UAL RESIDENCE (IF NURSING	ITUTION, GIVE RESIDENCE BEFO			ANNAPO	13,00	
MD. VI	13c. CITY OR TO	YES T	DE CITY LIMITS?	3. STREET ADDRESS	LES RD.	71144
FATHER'S NAME	1 100		ER'S MAIDEN NAM		-62 02.	1 2"
IN ILBUR	MIDDLE TON		HELEN	WASSIE	SNO	WOEN
WAS DECEASED EVER IN U.S. AR	RMED FORCES?   166 SOCIAL SEC		MANT MRO	RAPPA	more	0.21207
(YES, NO OR LINKNOWN': (IF YES, GIV	REAN 2162		NEISAJON	IFC 754	ADWELL	COURT
7			WC 10201	103 / 0/1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), a		au Ani	250	-	BETWEEN ONSET AND DEA
IMMEDIA	TE CAUSE (a)	OPULMONA	icy Min	21		
	DUE TO, OR AS A CONSEQU	UENCE OF	,	1000		
Conditions, if ony, which	( b) Ceni	EBROVAS	countr 1	terro en		
gove rise to immediate couse (a), stating the						
underlying cause lost.	DUE TO, OR AS A CONSEOU	JENCE OF				
	(c)					
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN	PART Iro
190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS DE	DEODALED	20g AUTOPSY?	20h IE VEC WED	E FINDINGS USED
THE DATE OF OFERATION	170 CONDITION TOR WHIC	N OFERATION WAS FEI	TORMED	200 AUTOFST:		
					INCERTIFYING	CAUSES OF DEATH?
				YES NO	YES 🗌	NO 🗌
21a ACCIDENT WAS UNDERLYING DECONTRIBUTING CALLS OF DE	LIGUE A M. MONITH .	DAY YEAR 21t. HOV	/ INJURY OCCURRE	YES NO	YES 🗌	NO 🗌
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	V INJURY OCCURRE		YES 🗌	NO 🗌
OR CONTRIBUTING CAUSE OF DEA	P.M.  21e PLACE OF INJURY	DAY YEAR 19 21f LOCA	ATION	D (ENTER NATURE OF INJU	YES THE PART LOS	NO [
OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH E	DAY YEAR 19 21f LOCA			YES THE PART LOS	NO [
OR CONTRIBUTING CAUSE OF DE.  [IF EITHER NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	ATH HOUR A.M. MONTH E P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	DAY YEAR 19 21f LOCA	ATION	D (ENTER NATURE OF INJU	YES THE PART LOS	NO DUNTY STATE
OR CONTRIBUTING CAUSE OF DE- LIF EITHER NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this haspi	HOUR A.M. MONTH E P.M.  21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE,	DAY YEAR 19 2H LOC. S1	ATION REET	D (ENTER NATURE OF INJUI	YES	NO DUNTY STATE  OUNTY STATE  That (I) (we) I
OR CONTRIBUTING CAUSE OF DE.  [IF EITHER NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that (1) (this haspi saw the deceased alive of obove, (1) (we) (did) (did no	ATH HOUR A.M. MONTH E P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	PAR 19 21f LOCA	ATION REET	D (ENTER NATURE OF INJU	YES	NO DUNITY STATE  To that (I) (we) I from the couses stoted
OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH E P.M.  21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE,	DAY YEAR 19 2H LOC. S1	ATION REET  , 19 my) (our) opinion de	CITY OR TO	YES PRINTEM 18 PART I OF	NO DUNTY STATE  OUNTY STATE  That (I) (we) I
OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this haspi sow the deceased alive of above, (1) (we) (did) (did no	HOUR A.M. MONTH E P.M.  21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE,	PAR 19 21f LOCA	ATION REET  19 my) (our) opinion de	D (ENTER NATURE OF INJUI	YES PRINTEM 18 PART LOS	NO DUNTY STATE  To that (I) (we) I from the couses stated
OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH E P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,  11ml) oftended the deceased from The street of the deceased from	PAR 19 21f LOCA	ATION REET  My) (our) opinion de  ATTENDING PHYSICIAN	CITY OR TO  2, 10  MEDICAL STA	YES PRINTEM 18 PART LOS	NO DUNTY STATE  To that (I) (we) I from the couses stated
OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that (1) (this hasping sow the deceased alive or above, (1) (we) (did) (did not 22b. SIGNATURE)	HOUR A.M. MONTH E P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,  11ml) offended the deceased from, 11ml 11ml 11ml 11ml 11ml 11ml 11ml 11	DAY YEAR 19 21f LOC. 51 ond that in (I	ATION REET  my) (our) opinion de  ATTENDING PHYSICIAN RESS	CITY OR TO  CHARGE NATURE OF INJU  CITY OR TO  COTH occurred on the de  MEDICAL STA  DIRECTOR PHYSIC	YES PRINTEM 18 PART LOS	NO DUNTY STATE  To that (I) (we) I from the couses stated
OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that (1) (this haspi sow the deceased alive of above, (1) (we) (did) (did no  22b. SIGNATURE	HOUR A.M. MONTH E P.M.  21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE,  11al) ottended the deceased from, 19 W yiew the body offer death.	DAY YEAR 19 2H LOC. S1 2 ond that in (1)	ATION REET  ATTENDING PHYSICIAN RESS	CITY OR TO  2, to	YES PRINTEM 18 PART LOS	NO DUNITY STATE  To that (I) (we) I from the couses stoted
OR CONTRIBUTING CAUSE OF DE.  IJE EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE AT WORK  220.1 certify that (1) (this hasping the deceased alive of above, (1) (we) (did) (did not 22b. SIGNATURE	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,  11ml) ottended the deceased from, 19 yew the body after death,  23b. DATE  23c. DATE  23c. DATE	DAY YEAR 19 21f LOC. 51 ond that in (I	ATION REET  My) (our) opinion de  ATTENDING PHYSICIAN  RESS  OR CREMATORY	CITY OR TO  CHARGE NATURE OF INJU  CITY OR TO  COTH occurred on the de  MEDICAL STA  DIRECTOR PHYSIC	YES PRINTEM 18 PART I OF	NO DUNTY STATE  To that (I) (we) I from the couses stated

" NUTPER+ SONS FUNERAL HOME, INC.

2501 GWYNNS FALLS PKWY BALTO, MO, 21216

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has keen signed unould be detoched for use as the burial-transit perm. Then permething the Dept. of Health and Mental Hygiene permeters to bur IMPOSTANT: If hem 21 is marked or hem 18 shows on

returned by the haspital or attending physician.

BP.

7/61/2

M

\* 14 5

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND Item # 15, Film G 624, 2/3/87 Gb.J. DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH O 7 REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) William Jovnes 1 - 30 - 8712:28P.M. н. 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Beth. Steel 13e STREET ADDRESS / ZIP CODE 2901 Echodale Ave. 21214 Schneider Beck ADDRESS Same As 13 Above PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 186. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T THE HOW INJURY OCCURRED. A MADE NATURE OF INJURY IN TERM IS PART I GREAT IT CITY OF TOWN CONTRACT MARE (my flour) opinion death accurred on the date and hour and from the cause stated 1900 E. Northern Pkwy. STATE COUNTY Burial Holy Redeemer Feb. 2, 1987 Balta 24 FUNERAL DIRECTOR FEB Leonard J. Ruck, Inc., 5305 Harford Rd.

n titti Vi posents, girls troit. the second of the second secon per director, page 3

in filled in by the fuge

all patients. Pages

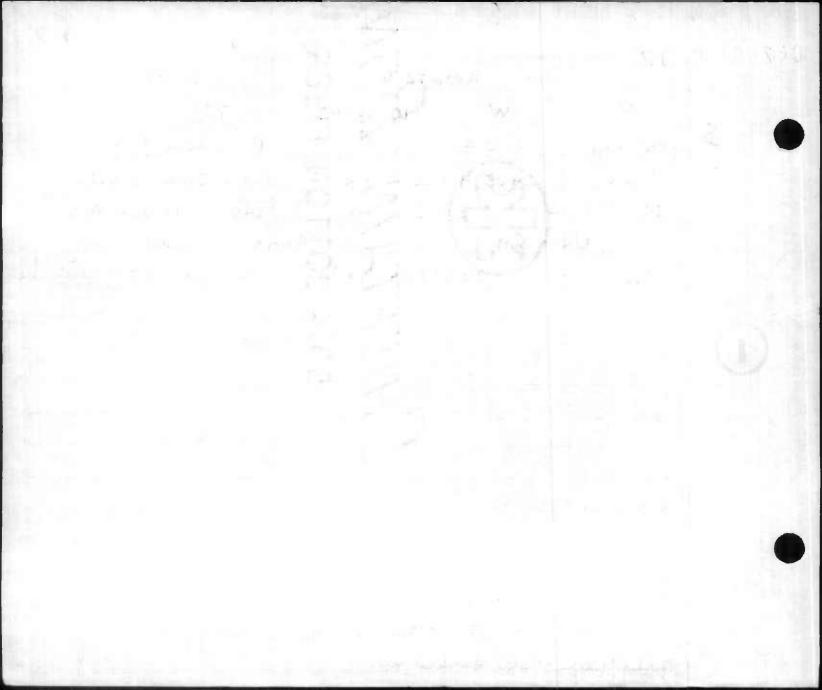
certifulle be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that retained by the hospital or attending physician.

TO FUNERAL DIRECTOR, After this certificate has been signed ishauld be detached for use as the burial-transit permit. Then plea with the State Dept of Health and Mental Hygiene prior to burial.

1-	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	8 REG. N	0	1 2	Ò
	CEASED NAME FIRST	ROY KAN		AST	20 DATE OF DEATH	MONTH DAY	YEAR 2	HOUR
	•	1 17 171	ATZER		6. AGE HIN YEARS LAST BIR		NDER I YEAR II	UNDER 21
3 SE)	×	4 RACE	S. DATE O	3-1913 YEAR	73	YRS		OURS M
11	IRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	TRY? 8 MARRIED WIDOWEI	NEVER MARRIED	BALTIMO		DEATH	
10 CI	BALTO.	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES 2403 HEN		ROTHER INSTITUTION	(TYPE OF WORK FOR MOST OF		12b. KIND OF E INDUSTRY STE	
13a S	AL RESIDENCE LIF NURSING HOME OF	INTY 13c CITY OR		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE		1121L
14 FA	ATHER'S NAME FIRST UNK	MIDDLE LAST		15 MOTHER'S MAIDEN NAME FIRST AND	A MIDDIE	RGAN	LAST	
	MAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES G	INF WAR OR DATES	7-5294	Mrs. Florence	ADDRI	ESS	Hems	2121 lock
	118 CALISE OF DEATH (Enter of	only one cause per line for iai, (b	or, and ici.	2 1/ 0	,		BETWEEN ONS	
	PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which	DUE TO, OR AS CONSI	AMOUS EQUENCE OF STASIS	TO JAW,	BRAIN.	SAINAL	Mon.	V1.5.
NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS CONSI	EQUENCE OF STASIS EQUENCE OF	TO JAW,	BRAIN			/h S .
TIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSI  DUE TO, OR AS A CONSI  (c) CAD,  CONDITIONS CONTRIBUTING	EQUENCE OF STA SIS EQUENCE OF RIAS	PELVIS	BRAIN	DITION GIVEN I	IN PART 110  ERE FINDING G CAUSES OF	S USED
AL CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gave rise to immediate couse (a). storing the underlying cause last.  PART 2 OTHER SIGNIFICANT  LAAYS  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A CONSI  (b) MCT AS  (b) MCT AS  (c) CONDITIONS CONTRIBUTING  EATH  21b. TIME OF INJURY HOUR A.M. MONTH	EQUENCE OF STA SIS EQUENCE OF RIAS	PELVIS	AINAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{NO} \( \text{NO} \)	DITION GIVEN I  20b. IF YES, WI IN CERTIFY INC YES	IN PART 110  ERE FINDING G CAUSES OF	S USED
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stofting the underlying cause lost.  PART 2 OTHER SIGNIFICANT  LARMY S  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSI  (b) MCT AS  (b) MCT AS  (c) CONDITIONS CONTRIBUTING  EATH  21b. TIME OF INJURY HOUR A.M. MONTH	EQUENCE OF RIBS	PELVIS NOT RELATED TO THE TERM  WAS PERFORMED	AINAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{NO} \( \text{NO} \)	20b. IF YES, WIN CERTIFY IN YES	IN PART 110  ERE FINDING G CAUSES OF	S USED F DEATH? NO
	PART I. DEATH WAS CAUS IMMEDIA  Conditions, if ony, which gove rise to immediate couse (0), storting the underlying cause lost.  PART 2 OTHER SIGNIFICANT  LARRYS  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED  AT WORK AT WORK  22c. I certify that (I) (this has)	DUE TO, OR AS A CONSI  (b) MCT AS  DUE TO, OR AS A CONSI  (c) CONDITIONS CONTRIBUTING  PART HOUR A.M. MONTH  P.M.  21e PLACE OF INJURY  (AT HOME STREET, FACTORY, OF	EQUENCE OF RIBS  EQUENCE OF RIBS  FOO DEATH BUT I	PELVIS  NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR!  211 LOCATION  STREET  19 66  d that in (1) (our) opinion  DEGREE  ATTENDING	AINAL DISEASE OR CON  200 AUTOPSY?  YES NO M  RED (ENIER NATURE OF INJU  CITY OR TO  death occurred on the d	20b. IF YES, WIN CERTIFYING YES THE TEM 18 PART I	ERE FINDING G CAUSES OF COUNTY  A the d from the cor	S USED F DEATH? NO STAT  STAT
MEDICAL	PART I, DEATH WAS CAUS  IMMEDIA  Conditions, if ony, which gove rise to immediate couse to istoring the underlying cause lost.  PART 2 OTHER SIGNIFICANT  LUARY'S  IPA DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFETINER, NOTHER MEDICAL EXAMIN  21d. INJURY OCCURRED  WMILE NOT WHILE AT WORK  22c. I certify that (I) (this has saw the deceased alive a above (II) (we) (did) (did of	DUE TO, OR AS A CONSI  (b) MCT AS  DUE TO, OR AS A CONSI  (c) CONDITIONS CONTRIBUTING  EATH  198. CONDITION FOR WE  218. TIME OF INJURY HOUR A.M. MONTH ERI)  218 PLACE OF INJURY (AT HOME STREET, FACTORY, OF	EQUENCE OF RIAS  EQUENCE OF RIAS  TO DEATH BUT I  HICH OPERATION  DAY YEAR  19  FRICE FARM ETC.)	PELUIS  NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR  211 LOCATION  STREET  19 66  d that in (1) (our) opinion  DEGREE  ATTENDING PHYSICIAN (1)  22e ADDRESS	AINAL DISEASE OR CON  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR IC  to JAN.  death occurred on the d	20b. IF YES, WIN CERTIFYING YES WIN TEM 18 PART I	ERE FINDING G CAUSES OF COUNTY The	S USED F DEATH? NO  STATE

STATE OF MARYLAND



may be

page 3

FOR

# STATE OF MARYLAND

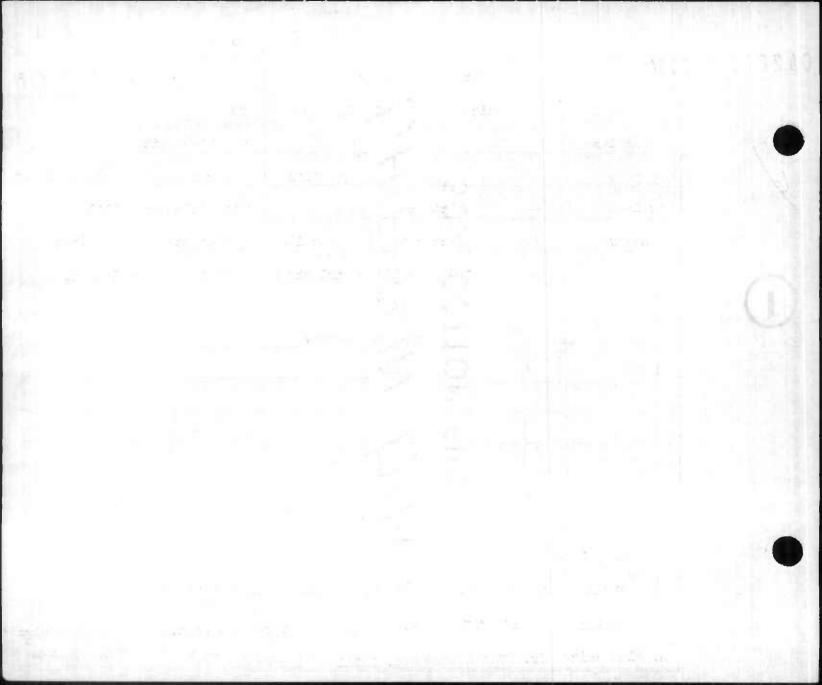
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	0	1	43	7	n
REG. NO.	U	1	lo	8	6.3

- STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 / REG. N	o. U	la	1 0
DECEASED NAME FIRST	MIDDLE	l l	AST	20. DATE OF DEATH	MONTH DAY	YEAR 87	26 HOUR
VIRG			TERSON		23		1.414
3 SEX Female	4. RACE White	S. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF WHAT COU	MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	MD.
10 CITY OR TOWN OF DEATH BALTIMORE CITY	(IF NOT IN SUCH FACILITY, GIV UNION MEMO	VE STREET ADDRESS) RIAL HOSE	07.07.0	17a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Hairdre:	F WORKING LIFE)	INDUSTRY	Employed
USUAL RESIDENCE (# NURSING HOME O 130 STATE 131 COU Maryland	NTY 13L CITY C		13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e.STREET ADDRESS / 4002 Fall:		21211	L
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Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A COM	NSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN  20b. IF YES, WIN CERTIFYIN  YES I	ERE FINDIN	NGS USED
OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTHY MEDICAL EXAMAND  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (1) is hosp  sow the decease unive or obovy. (1) (we) diel) (did not 22b. SIG. 11)  22d. PHYSICIAN'S NAME (1) yes.	P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY).  Thol) ottended the deceased of view he body after death  OR PRINT)	OFFICE, FARM, EIGY	21f. LOCATION STREET  7 7 7 19 nd that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN [	CITY OR TO	2 19 19 ate and hour an	COUNTY 87	
LLEWELLYN KIT  230. BURIAL, CREMATION, REMOVAI  (SPECIFY)  Burial			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	¢.	OUNTY	STATE
24 FUNERAL DIRECTOR  A. Älan Seitz, 3				E REC'D. BY REGISTRAR	256. REGISTRAF	R'S SIGNAT	Pennsylva URE a Padass

DHMH - 16 60M 7/B4 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201-	Non only
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INIQ	AL OR ATTENDING PHYSICIAN: The law require that the central case be executed within 24 bours offer-death. Pog
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0 4 2 3 6 7 JAN 30 GZR STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH I DECEASED NAME MIDDLE 26 HOUR LIVEE OF PRINTS poge 3 CHARLES KEAVNEY **JOHN** January 26, 1987 4.51 PM & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 4. RACE 5. DATE OF BIRTH ofter director. MONTH White Male November 24, 1922 64 TO BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED 0 Baltimore City Maryland U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
Engineer INDUSTRY Baltimore 536 Wyanoke Ave 21218 Consulting led in b USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Baltimore YES KT 536 Wyanoke Ave. 21218 NO 🗆 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ord 2 s MIDDLE Katherine Casey Thomas Keavney 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS Poges (IF YES, GIVE WAR OR DATES) 217-14-3400 M.N. KEAVNEY 536 Wyanoke Ave. 21218 Yes 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) obstructive lung disease Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? ene pr IN CERTIFYING CAUSES OF DEATH? TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiernes NO YES [ morked or hem 18 shi 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE EITHER, NOTIFY MEDICAL EXAMINER)

WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from June January 26 sow the deceased alive on December 5 19 86 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death

21L LOCATION

22h SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL 1.27.87 ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

21e PLACE OF INJURY

21d INJURY OCCURRED

24 FUNERAL DIRECTOR

700 W 40th St. 21211

23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Cremation 1 - 28 - 87Greenmount

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1

Baltimore City

Maryland

CITY OR TOWN

COUNTY

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Mitchell- Wiedefeld Home 6500 York Road 21212

Isabelle MacGregor

MPORTANT: #

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#### STATE OF MARYLAND

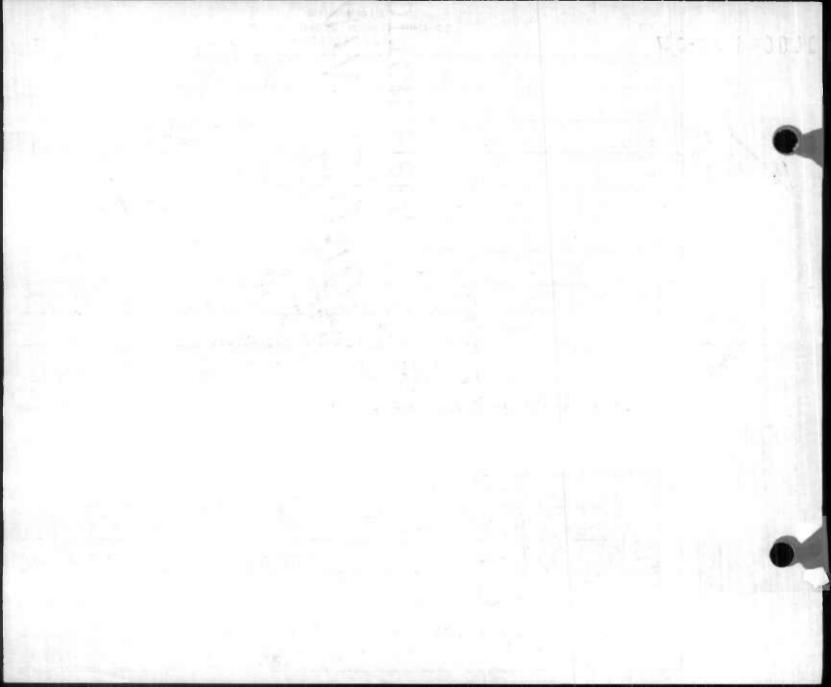
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9	Ne	RTHPLACE CLIME DEFOREOUT COUNTRY OF YORK	U.S.A	[	WEOWE		* Baltimore city or Baltimore	City	н	MD.
4	E	TY OR TOWN OF DEATH Baltimore	Uni	on Memor	ial F	ROTHER INSTITUTION Hospital	Teacher	HORENO UTTI INDUS Spe	ND OF BUSIN	Ed
3	Ma Ma	at residence in which the state aryland A.	JUNTY	IL CITY OR TOW		YES NO B	612 Pinetre	E BF. / 2	146	
Ĺ	14. FA	John Cash	m an	(45)		Ellen	Mc Carthy		LASE	
2		NAS DECEASED EVER IN U.S. YES, NO DRUMANOWNI IF HES NO	COST WAR ON BUILDING	6 SOCIAL SECU 329-32-3		Nancy Roche		Albans W	ay Bal 21212	.t
3	CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR	AS A CONSEQUE  AS A C	AVE	W HOAT D AND HELATED TO THE TERM WAS PERFORMED	Pleaning /	Mutu	auland NDINGS US	ATHP
1	MEDICAL CER	TIM. ACCIDENT WAS UNDERSTING ON CONTRIBUTING CAUSE OF 1F EITHER, SOLIFF MEDICAL LAWN THE MUNICIPAL CAUSE OF THE CAUSE OF T	DEATH HOUR A.M. P.M. 71s. PLACE OF	MONTH DA	19	211 LOCATION	RED (CHIEF HATURE OF PHURE)			slate
		27a.1 certify that (I) (this hissay the decreased alive globe. (I) (we) (did I did 22a ACS (as TURE ))  77a. PHYSICIANIS NAME (1)	on SC 23	19	-	DEGREE ATTENDING PHYSICIAN  27* ADDRESS	death occurred on the date  MEDICAL STAFF DIRECTOR   PHYSICIA	276.0	ther (f)	District Co.
		Burial CREMATION REMOV	Jan 6.	1000		emetery on crematory wridge Cem.	Dorsey	Howard	the second second	STATE
	1	Barranco FH	01 Ritchie	≥ Hwy <sub>nerss</sub>	Sever	na Park MA	N 6 1987	A REGISTRARS SK Julie Deni		does

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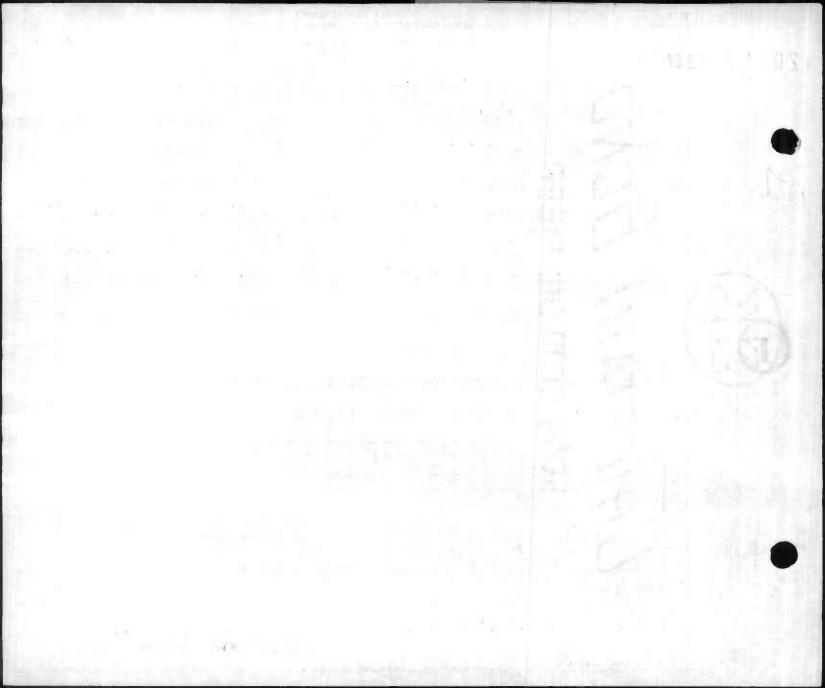
TO FUNERAL DIRECTOR. A should be detoched for use with the State Dept. of Heal IMPORTANT, If here 21 is

TO HOSPITAL OR ATTENDITION OF PRICING AND INCIDENTIAL OF THE POST OF THE POST



**DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR IDECEASED NAME 20. DATE KNOWN ESTI-DIRECTOR. YOUR FILES. Y72 HOURS (PAT RUSSELL KELLEY DEATH MATED 25 8 19 3 SEX 4 RACE IF UNDER 24 HRS 2d HOUR DATE 70 .28,1916 5:17 PM PRONOUNCED MALE 19 87 DEAD 25 9. BALTIMORE CITY OR COUNTY OF DEATH WHAT COUNTRY? MARRIED X NEVER MARRIED MARYLAND U.S.A. Baltimore City DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY ENGINEER PECORDS. University Hospital (STU RAILROAD Baltimore 0 21201 134 INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTIMORE 21234 8728 OAKLEIGH RD. 21234 15. MOTHER'S MAIDEN NAME MIDDLE V. EDITH JÄMES YINGER 17 INFORMANT ADDRESS 21234 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 216-05-5380 A. KELLEY BALTIMORE, MD CATHERINE CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Intracerebral hemorrhage with complications DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which USED AS A BURIAL - TRAN gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION DIVISION OF VITAL RECORDS CERTIFICATE SHOULD BE EXECTING THE WORD HADDING"
DED TO THE CHIEF MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL Head Only TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WON PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT. BALAMORE, MARYLAND, 21201 PRIOR TO BLI 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 214 INJURY OCCURRED MELOCATION CITY OR TOWN COUNTY STATE WHILE AT WORK Head On 22e. I certify that I tack charge of the remains described during held on Inspection and in my opinion death resulted fram Undetermined monner TITLE (SPECIFY) **ACTUAL** DATE 1-26-87 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE BURIAL WOODLAWN CEMETERY BALTIMORE 07/84 BP 24 FUNERAL DIRECTOR WILLIAM E. JOHNSON8521 DHMH - 17 (VR A15 ME (5))

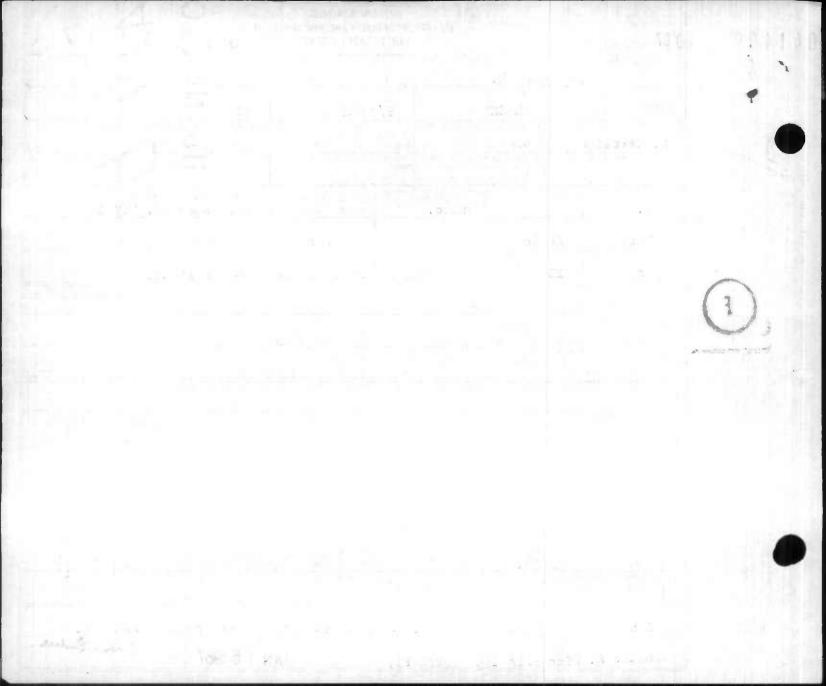
STATE OF MARYLAND



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O E	3 5		3. SE			4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BI		# UNDER I YE	AR IF UNDER	24 HR5
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- 6	1	T 4-0		TY OR TOWN OF DEA			OSPITAL, NURSI		OR OTHER INSTITUTION	Baltimore			OF BUSINE	ESS OR
58	1 2	41				I IF NOT IN SUC	H FACILITY, GIVE STREE	ADDRESS)		(TYPE OF WORK FOR MOST O				LOOOK
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DIVISION OF VILLAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MAKTLAND 21.40 PHYSICIAN. The low requires that the record of executed within 24 hours	ld to	3	130. 5	TATE	136 COUN		13c. CITY OR TOV		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS				
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t ti	d 2 3	ai.	14. F.A	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE			LAST	
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a co	Do de	edicol		AS DECEASED EVER			166 SOCIAL SEC	JRITY NO.	17 INFORMANT	ADDR	SS			
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PHYSICIAN	g phys ertifica ial-troi ntol Hy	8 9		OR CONTRIBUTING				AY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2	)	
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Q.	R. A Los	E		220.1 certify that (1)						, to			., that (X)	
TE	DIRECTOR Sched for u Dept of He	21		sow the decease abave, (Xiwe) (c	ed alive on	Januar Wiew the body	U 8 19_	870	nd that in 🌇 (aur) apinian	death occurred an the d	ate and ha	ur and from t	he couses sto	oted
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	00 20	7	RI	RIAL	REMOVAL			dar Hi	11	CITY OR TOWN		COUNTY		TATE
	BP_			K LA L INERAL DIRECTOR		1/14/8	/ Le	uar Fil	Ocine cery	Crownsv	ille,	AAC	Md.	-
DHA	MH - 16 60M		14 10	hant Director	D .		ADDRESS		750. DA1	REC'D. BY REGISTRAR	ZSD REGIS	TRAP'S EIGH	Althoda	AR.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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#### STATE OF MARYLAND

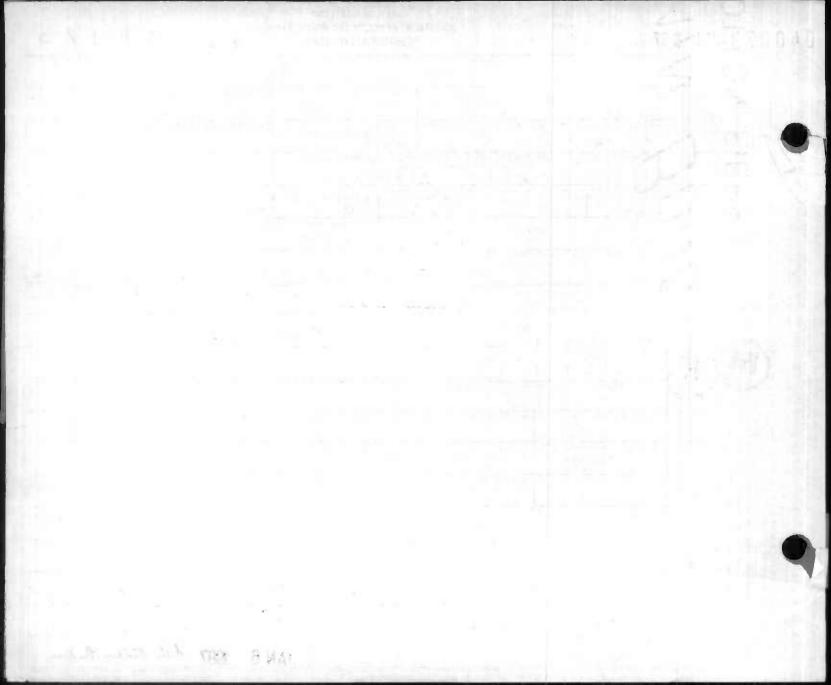
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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9	REG. NO.		

		FOR STATE REGISTRAR		DEPARTN	CERTIFICATE OF DEATH 8 / G. NO 1 2 7 5						
	1. DE	CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH		AY YEAR	2b. HOUR	
	(TYPE	CARRIE	F	LIZABETH	V	ENNEDY		01 01	1987		44
	3. SE		4 RACE	LIZADLIII	5. DATE C		6 AGE TIN YEARS LAST I	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24	PRS.
		FEMALE	BL	ACK	nonth 11	14 1938	48 /	YRS	ONIHS DAYS	HOUR5	MIN.
1				WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
1	_	CAROLINA	U.	S. A.	WIDOWE		BALTIMOR	E CITY			MD.
	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPA	TION	126, KIND O INDUSTRY	F BUSINES	SOR
		ALTIMORE	3709 W	EST FORES	T PAR	K AVENUE	HOUSEWIF	E .		HOME	
	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		13c. CITY OR TOWN	N	13d. INSIDE CITY LIMITS?	3709 W. F	orest P	Baltimo Park Av	re, M	d. 2121 <i>6</i>
	14. FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM					
		BEN	MIDDLE	LESESNE		LILLIE	WIDDLE		HA	TCHER	
		VAS DECEASED EVER IN U.S. AR/	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	AB9	AEST IMOR	E, MD.	21210	5
		NO .	WAR OR DATES	21740-2	330	JUNIOUS KENNE					
		PART I. DEATH WAS CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).  PART I. DEATH WAS CAUSE OF SUPERIOR ON SET AND DEATH  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate									
	NO	cause (0), stating the underlying cause last  PART 2 OTHER SIGNIFICANT C	(c)_	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CO	ndition Give	N IN PART 110	1	=
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?		WERE FINDING CAUSES		?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME C HOUR A. P.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	RT I OR PART 2)		
/	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE (AT HOME STI	OF INJURY REET FACTORY, OFFICE FA	ARM, ETC.)	21f LOCATION STREET	CITY OR	IOWN	COUNTY	STA	TE
		220.1 certify that (1) (this hospit saw the deceased alive on abave, (1) (we) (did) (did not	D	24 190	86_, ar	nd that in (poyT (our) opinion o		DEC., 1 date and hour		that     (we causes state	) lost
		226 SIGNATURE	4.5	Iraily			MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	1 5	SIGNED	
		220. PHYSICIAN'S NAME (TYPE OF		HEYER.		2000 Lizs	1274 HE	IGHTS	3/2	. 21	215
		BURIAL, CREMATION, REMOVAL	236 DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION				
		BURIAL	1/06/1	1987 WO	DDLAW	V CEMETERY	CITY OR TOWN	BALTIM	ORE, MA	ARYLAN	\D
	24 N	WIRKERE COSONS FU	NERAL H	OME, INC.			E REC'D. BY REGISTRA				
	25	01 GWYNNS FALLS	PKWY.	BALTIMORE	, MD.	21216 JA	N 6 1987	Milia 1	Tandam-	fandaes	-

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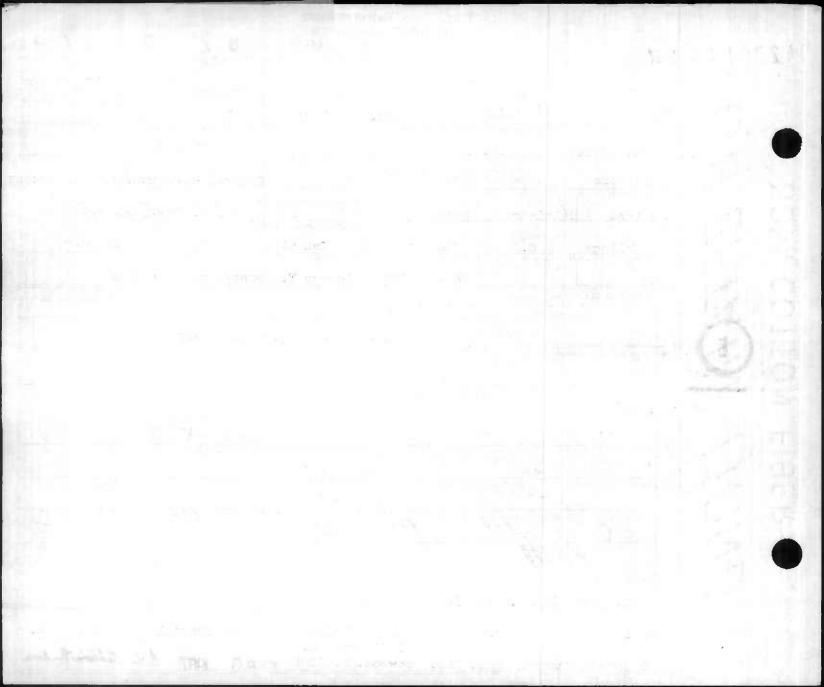
STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYCIENE

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L	(TYPE	Orin		S. Kenr	ney			/	28	8 87	10;	SOPM
3	. SEX	(	4 RACE			OF BIRTH	6. AGE INYE	EARS LAST BIRTH	(DAY) IF	FUNDER I YEAR	HOURS.	24 HR5
	Ma:	le	White		OCT.	25, 1908	78		YRS.	INTHS DATS	HOURS	MIN.
17		RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMO	RE CITY OF		OF DEATH	-	
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		ssachusetts TY OR TOWN OF DEATH	U.S.		WIDOWI G HOME	OR OTHER INSTITUTION	12g. USUAL C		- 4	126 KIND O	E BLISINE	MD.
1	250	altimore /	Union	Memorial	HOSpi	ital	(TYPE OF WORK	FOR MOST OF	WORKING LIFE)			
4	SUA 30 S	AL RESIDENCE (IF NURSING I ME OR TATE N.3 .OUN		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e.STREET A	ADDDECC /	ZID CODE	2	21204	
ъ.		ryland Balti		Towson	N	YES NO X				Rd.,Apt	170	2
		THER'S NAME	more	1000011		IS. MOTHER'S MAIDEN NA			TI	7		
X	7		MIDDLE	LAST		FIRST Table 1		J.		Kenne	du	
Ψ	4 n 34	Wallace VAS DECEASED EVER IN U.S. AR.	C.	Kenney		Isabel		ADDRES	c	Keime	uy	
1			E WAR OR DATES)									
L		No		023-03-2	2593	Louise W. K	Kenney-	same	as #1			
F		18 CAUSE OF DEATH (Enter on	ly one cause per	line for (a), (b), and	d (ci.)			07.1	11.00	BETWEEN (	MATE INTER	DEATH
1		PART I. DEATH WAS CAUSE	E CAUSE (a)	MARDIAC	ARI	7817						
	NO	gave rise to immediate cause (a), stoting the underlying cause last	(c)_	R AS A CONSEQUE		NOT RELATED TO THE TERM	NNAL DISEASE	e or cond	ITION GIVEN	N IN PART III	a a	
1	CERTIFICATION	190 DATE OF OPERATION	196. COND		OPERATIO	ON WAS PERFORMED	200 AUTO	PSY?		WERE FINDIN		H?
1	1	71g. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY		21c HOW INJURY OCCURE					1.0	
	C 32	OR CONTRIBUTING CAUSE OF DEA	177	M. MONTH DA								
ı	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e PLACE		19/	21f LOCATION						
ı	ME	MOTOR OCCORRED	LAT HOME STE	GET, FACTORY, OFFICE, F.	ARM, ETC )	STREET		CITY OR TOW	N	COUNTY	S	TATE
١		220 I certify that (I) (this hospi saw the deceased olive on abave, (I) we) (did) (did na	1/28	19 8	7/2	nd that in (Qur) opinion	death occurred	d on the dat	le and hour c	and from the	that (1) Couses sto	ve) last
1	7	226. SIGNATURE	#			DEGREE				22c. DATE	SIGNED	-
		1-14	1			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF  PHYSICIA				
1		22d PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS						
		Dr. Loewelly	L. Kit	chin		Union Memo	orial I	lospit	al			
2		URIAL, CREMATION, REMOVAL			AME OF C	CEMETERY OR CREMATORY	23d LOCA					
		specify) rial	1-31-	.87	Dulan	ey Valley		ortown cevsvi		Balto	5	Id.
		INERAL DIRECTOR	1 1 71	<u> </u>	1050	York Rd. 250 DAT			Sh REGISTRA	AR'S SIGNAT	LIRE	
1	Dar	NAME		ADDRESS		n,Md. 21204	en 2	1097	A dia	Bunden	n. Pon	Landy
	KU	ick Towson Fune	al Home	THC.	TOMPO	IIII. STEOR	H D	_140/_	Chinocom	-		

DHMH - 16 60M 7/84 (VRA 15, 4)



page 3 er deoth

### STATE OF MARYLAND DEF

0	ARTMENT	0F	HEALT	H AND	MENTAL	HYGIENE
	CEI	RTI	FICA"	TE OF	DEATH	

8	REG. NO.	0	1	2	1	-

dia Teridon Rudale

	100	REGISTRAR		CEKTIFIC	ALE OF DEATH	REG. NO.	0 1 6	
	(TYPE		LTLE MIDDLE	LAST	400	20 DATE OF DEATH MONT		26 HOUR
3	3. SE)	Female	1. RACE White	12-2	6-1891		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
35	Ma	ryland	76 CITIZEN OF WHAT COUN	MARRIED WIDOWED	NEVER MARRIED !		june Ci	ty MD.
30	)	BAUTIMORE	NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Caton Manor	Street Address) Nursing H		120 USUAL OCCUPATION (TYPE OF WORKAND MOST OF WOR  Homemaker		OF BUSINESS OR
39	MJa. S	AL RESIDENCE OF NURS	ITY I3c CITY OF	11stown	d. INSIDE CITY LIMITS?	3e.STREET ADDRESS / ZIP 2 Coachman C		21133
定	0		E. Seiber	t	Emily	MIDDLE	Caulfield	57
2		VAS DECEASED EVER IN U.S. ARA VES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)		<sup>r INFORMANT</sup> Randal iss Jeanne M.		MD 21133 chman Ct.	
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ly one couse per line for (a), (l		anny Hypy,	A COOL		MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse last	N GIVEN IN PART 1	0				
2	CERTIFICATION	19a Date of Operation	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED		IF YES, WERE FINDII CERTIFYING CAUSES YES	
2	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M.  21e PLACE OF INJURY	H DAY YEAR	TI LOCATION STREET	D (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2]	STATE
	W	WHITE NOT WHITE AT WORK  220   certify that (1) (this hospite	10.12	rom /	19_86		1987	that (I) (we) lost
		sow the deceased alive on obove, (I) (we) (did) (did not 22b SIGNATURE			GREE ATTENDING	MEDICAL STAFF	22c. DATE	
		22d. PHYSICIAN'S NAME (PREOR	PRINT)	mo	9051 BALT	usgt PIK	e Eco	nd 2104
		URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b DATE 1-6-87		Cemetery	23d LOCATION CITY OR TOWN Woodlawn	Baltimore	MD

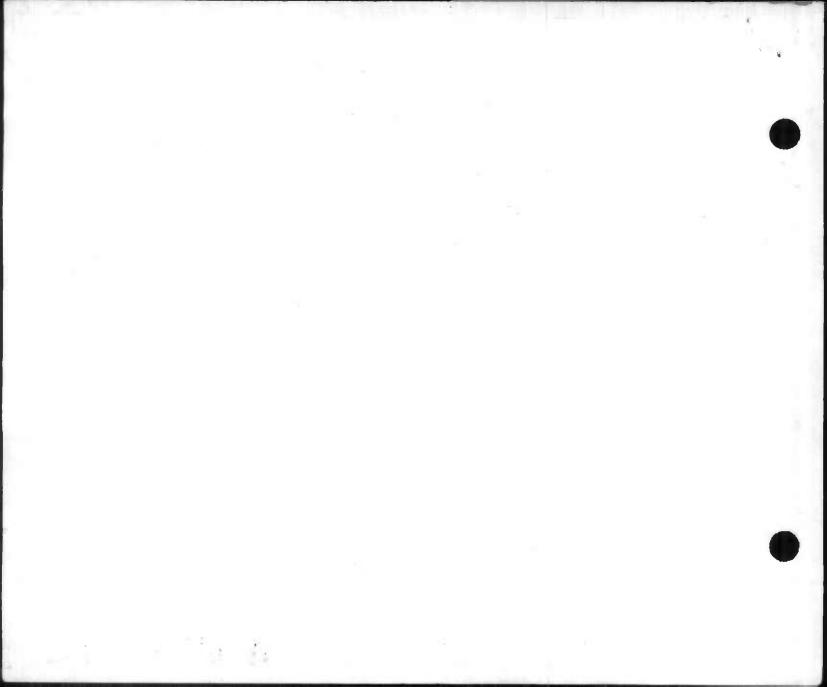
8728 Liberty Rd. Randallstown, MD 21133

24. FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE AND STREET BY REGISTRAR'S SIGNATURE BY REGISTRAR'S S

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or other troumatic event, the medica



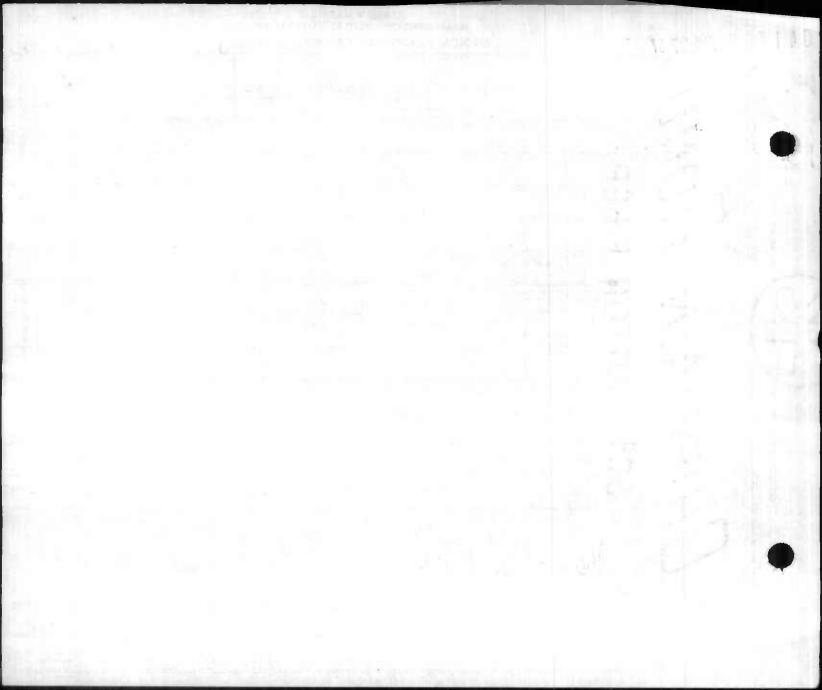
07.84

**DHMH - 17** (VR A15 ME (5)) 24 FUNERAL DIRECTOR

ConnellyFuneralHome 300MaceAve.

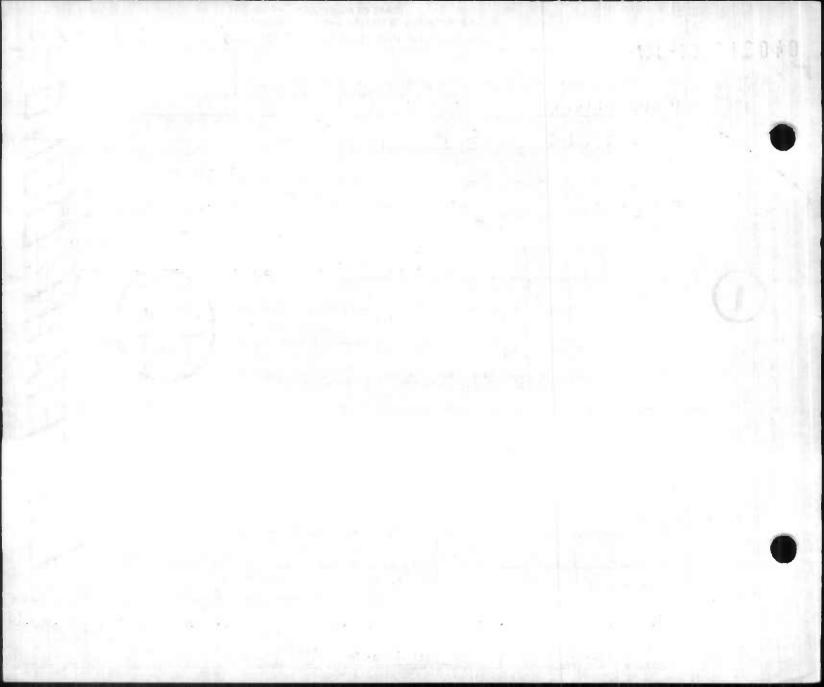
Baltimore Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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	U Co I U UN		E OR PRINT)					B () -	KNOWNX MO		26 HOUR
	교육학류단		JOH	V.	KIN	G, JR.		DEATH	MATED 1-		M
	PLEA FACTO STREET	3. SEX		5. DATE OF BIRTH	6. AGE (IN YE.		DAYS HOURS	24 HRS. 2c. DATE MIN PRONOUN	MON	ATH DAY YEAR	Za HOUK
	ON STATE	TIA	iola Black	12	1910 76 Y		DATS	DEAD	1-	1-87 19	12Pm
-	237.12		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARR	P BALTIM	ORE CITY OR CO	UNTY OF DEATH	
	DESCRIPT /	W	ashirator DC	I US	A	WIDOWED	DIVORC		imore Ci	tv	MD.
_	ZZ S	10. CI	TY OR TOWN OF DEATH		SPITAL, NURSING HOME			12a. USUAL OCCUP	ATION (TYPE OF WO	ORK 126 KIND OF B	USINESS
2/	A CARREST	DR:	ltimore		acility, give street address)  Than Avenue			FOR MOST OF WOR	OT CT	OR INDUS	IRY
0	PENER -		AL RESIDENCE (IF IN NURSING HOM			ONI		445	010		-
120	AND		ary and 136 cou	NTY	Baltmer		INSIDE CITY LIMITS?	13e STREET ADDRE	Sormo	5/0/61	
- Q	70003	14. F/	ATHER'S NAME	MIDDLE	/ - LAST C	15.	MOTHER'S MAIDE	N NAME	DDLE	LAST	
10	A SO SE		John	MIDDLE	King S	77	Efta	m	DOLE	Juin	
NO	00270	16a. V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURIT	Y NO. 17	INFORMANT		ADDRESS		•
-	SOBBER	(Y	ES, NO, OR UNKNOWN) (IF YES, GI	/E WAR OR DATES)	220-67-	8158+	telen E	Barlon .	2019 Br	-addish	A.c
2	MOE AS		18. CAUSE OF DEATH (Enter of	aluman and the		1 PC10	ICIC.	344109	XCV   BI	APPROXIMA	TE INTERVAL
15	OUN WAR					tia an	rdi orrano	ular diga	200	BETWEEN ONS	ET AND DEATH
PRESTON ST	PER PER S		IMMEDI		rteriosclero		TOTOVASC	urar ursea	150		
153	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		Conditions, if ony, which		( AS A CONSCOUENCE	Jr.				14	
8.	FERRER		gave rise to immedia	le (b)							
*	A SEN		cause (a) stating the <u>unde</u> lying cause last.	DUE TO, OF	R AS A CONSEQUENCE	OF				The same	
8	NA MAN		<u>.,,g cooss ios</u>	(c)							
RECORDS	PARCAL PICAL PARCAL PARCAL PARCAL	2	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR I	CONDITION GIVEN IN PA	RT 1 or			
9	EAS SAS	CERTIFICATION	19a DATE OF OPERATION	Tink COND	ITION FOR WHICH OPER	A TIONI MAIA C. I	DEDECORALED?			In autono	10
	A HET	S	178. DATE OF OPERATION	198 COND	ITION FOR WHICH OPER	ATION WAS I	PERFORMED			20 AUTOPSY	*
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0	F-505AP	MEDICAL	CONTRIBUTING CAUSE O	F DEATH P.A	۸. 19						
20	NA SECTION	8	21d INJURY OCCURRED		OF INJURY (AT HOME,	211. LOCAT		CITY OR TOV		COUNTY	STATE
ă	ARBITA SE	2	WHILE AT WORK AT WORK		TOAT, PARM, ETC.)	STREET		CITORIO	VN	COUNTY	STATE
	1 8 8 W			( .)			. Inspectio	<b>V</b> V .			
	BQ89ER		22a. I certify that I taak cha		[	Autapsy (				ny opinion	
-	ME MATERIAL		death resulted from: Nat	urol causes X	Accident Su	icide 🔲 ,	Homicide	Undetermined mo	nner ,		
•	\$ 5 BEG #	17.1	ACTUAL V	12-10	toll la		TITLE (SPECIFY)		Di	ATE 1_2_0	2.7
_	AESAE W		SIGNATURE	July 16 M	14 JULI	M.D	Assistan	MEDICAL EXAM	INER SI	GNED 1-2-8	31
	MEDICAL EXAMINATION THE CERTIFICATION OF A SHOULD B FUNERAL DIRECTOR DIRECTOR OF THE PROPERTY	1	EXAMINER'S NAME	1							
	A STATE OF THE STA		(TYPE OR PRINT)	Margarita	The second secon	Charles and Address of the Local Division in which the Local Division in the Local Divis		111 Penr	Street		
	524524	23a. B	URIAL, CREMATION, REMOVAL		23c. NAME OF CE	METERY OR CE	REMATORY	23d. LOCATION		COUNTY	STATE
07/84	BP		Burial	1-68	IMI	21015	1	Bal	to Can	-1 1 -	aryland
25M	DHMH - 17	24 F	UNERAL DIRECTOR					REC'D. BY REGISTRA	R 256 REGISTRAL	R'S SIGNATURE	-
	(VR A15 ME (5))		James A	Morton		wrong	SIJAN	7 1007	Alin To		
		_								Manager and Control of the State of the Stat	

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4 2 5	8 h FEB -1	1.87	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 RG. N	0.	128	3 0
	page 3		CEASED NAME FIRST JOSH	VA	KINLAW	20. DATE OF DEATH	MONTH DAY	- pt7	54 M
	ector, pa	3. SE		4 RACE B	S. DATE OF BIRTH MONTH DAY 12 08 12	6. AGE (IN YEARS LAST BIR	PTHDAY) IF U	UNDER I YEAR IF UNDE	ER 24 HRS
0	uneral di	7a. B	RTHPLACE (STATE OR FOREIGN SOUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED NORCED	9 BALTIMORE CITY C	OR COUNTY OF	DEATH 1	MD.
5. LX	Siled with	3	a Un mure	LOCH RAVEN V	A. Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126 KIND OF BUSIN INDUSTRY WORKS	
AND	filled in hould be	₩5U. 13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c, CITY OR JOV DMIKE BALDIN		13e STREET ADDRESS 2825 W	ZIPCODE	AUE	R1216
MARYL	exomine Salarety	14. FA	THER'S NAME FIRST	MIDDLE KINGLAST	15. MOTHER'S MAIDEN NAI	ME Benno	tt	Kin/A	47
IMORE	n and on medical			WED FORCES? 166 SOCIAL SECULAR	JURITY NO. 17 INFORMANT  3 11 3 Shipley He	abort 92	ass Marc	how De	2/2/2
ST., BAL	Aphysical physical ph		PART I. DEATH WAS CAUSE		pulmonary as	nest		APPROXIMATE INTERPRETATE INTERP	ERVAL D DEATH
PRESTON	average overcorb rion, or rion		Conditions, if ony, which	DUE TO, OR AS A CONSEOU	ENCE OF SEPSIS				
W. PR	d by the ease reme al, creme		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	ENCE OF				
ORDS, 20	a. Then pl	NOL	PART 2 OTHER SIGNIFICANT (	CONDITIONS <u>CONTRIBUTING TO</u>	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON			
VITAL RECORD	has be	CERTIFICATION	198 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN		ATH?
SION OF VIT	ng physicing certificate priol-tronsit tentol Hygin tento	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	19	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
PIVISION OF		MED	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
- AND THE STREET	aspital or scTOR: A d for use t of Heol		sow the decrased alive on obove, (I) (we (dig) (did no	ot) ottended the deceased from	57, and that in (my low) opinion	death occurred on the de			
	oy the high detached and the light of the li		Rathryn	Smith, N	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		1/25/	47
0			22d, PHYSICIAN'S NAME (TYPE O	N SMITH	3900 Loch	Raven =	Blud	Baltime	1218

DHMH - 16 60M 7/84 (VRA 15, 4)

W.C. March F. H. 4300 WabashorAve. West

23b. DATE

1/31/87

230 BURIAL CREMATION, REMOVAL

Burial

3900 Loch Raven 310 2

236 NAME OF CEMETERY OR CREMATORY Arbutus Lot Arbutus Mid /ATE COUNTY

1409	35	1 1	M.	REGISTRAR	/ Gbj.			FICATE OF DEATH	8 REG. NO.	0 1 2 8
	_			CRASED NAME FIRS		MIDDLE		LAST	20 DATE OF DEATH MO	NTH DAY YEAR 26. HOU
y be	er deoth			Willia		is		sch, Jr.	1-13-1987	9:4
m mo	fter		3 SE	X	4 RACE		5. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTHD)	MONTHS DATS HOURS
ge 4	Drs a			Male	White			2-1916	70	YRS
Pol di	2 hau	27 5		RTHPLACE (STATE OF FOREIG		WHAT COUNT	RY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR C	OUNTY OF DEATH
Seofi	5	0		Md.	U.S.A		WIDOW	ED DIVORCED	Balto. Cit	v
b de	3	00//	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NUF		OR OTHER INSTITUTION	12a. USUAL OCCUPATION	
rs of	filed	79		Balto.		Memori			Ret. Claims	Clerk-Truckin
24 hou	ould be	5	13a.	AL RESIDENCE (IF NURSING HO STATE 13b (		130 CITY OR I Balt	OWN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZI	
10	4	au a	14 F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		
CO	33	00		William		Kirsch,	Sr.	Laura	A	Cunningham
10.10	1	0 /	16a \	WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIALS		17 INFORMANT	ADDRESS	- William II A I I I I I I I I I I I I I I I I I
Simon	2	med /	(	YES NO OR UNKNOWN) (IF Y	WWII	216-07	-7775	Dorothy T. I	Kirsch, Same	99 139
te b		9		18 CAUSE OF DEATH En	ter only one course per	-		1 2010 011, 101	TITOUT COME	APPROXIMATE INTE
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+ + +	e ren	other		couse 101, stoting the		R AS A CONSE	OUENCE OF	0		
the the	pleos fol,	0			- (c)					<u> </u>
uire	hen p	ury.	z	PART 2 OTHER SIGNIFICA	ANT CONDITIONS <u>CO</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
red een	-	<u> </u>	CERTIFICATION	190 DATE OF OPERATION	IN COND	ITIONI FOR WILL	ICH OBERATIO	ON WAS PERFORMED	Las autopsys Las	DE IF YES, WERE FINDINGS USE
30 50		Sony	FIC	None.	148 COND	IIION FOR WH	ICH OPERATIO	ON WAS PERFORMED		CERTIFYING CAUSES OF DEAT
The cion		Toys 7	E					Tar transfer and	YES NO	YES NO
AN.	OF	200		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTED TO CAUSE	OF DEATH   21b. TIME C	M. MONTH	DAY YEAR	THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART   OR PART 2]
SICI 19 F	Mental-t	Hem	CAI	(IF EITHER NOTIFY MEDICAL EX	MINER) P.	М.	19			
PHY	d A	ō	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFI	CE FARM, ETC.)	211 LOCATION STREET	CITY OF TOWN	COUNTY
D to Fe	hor hor	a e	~	AT WORK NOT WHILE				1		
YDIA S	eolt	3		22a.1 certify that (1) (this-			-	K(NYVIV9 19 8-	) to V1V.	, 19, that (1) (1
TOP TOP	of H	7		sow the deceased of obove, (I) (we) (did) (to	Nov	nftor donth	9 8b	nd that in (my) (our) opinion	death accurred on the date	and hour and from the couses st
OR A e hos	ped .	E .		22b. SIGNATURE	III III VIEW IIIE BOUY	Offer deons		DEGREE		22c DATE SIGNED
the D	e De	-		1/19	Works Ms.			ATTENDING	MEDICAL STAFF	1/14/87
A Y A	to d	7	1	AVV	TYPE OR BRIDE			PHYSICIAN 722 ADDRESS	OIRECTOR PHYSICIAN	1 1 1 1
0 T W	000	4 8		22d PHYSICIAN'S NAME				176 ADDRESS		
HOSP ined b	old be	OKIA				M.D.			ten Hoen	
TO HOSP retained to TO FUNE	should be detach	W OK AN	23n	James W.	Oshida,		3r NAME OF	Good Samari		\ 
TO HOSP	should be	IM-OKIA	230		Oshida,	2			23d LOCATION CITY OR TOWN	e, Maryland

Leonard J. Ruck, Inc., 5305 Harford Rd.

DHMH - 16 60M 7/B4

(VRA 15, 4)

Items, 2b, 23b, G-623, 1/23 8 STATE MARYLAND

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#### STATE OF MARYLAND

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CFI	TI	FIC	ATE	OF	DEATH	

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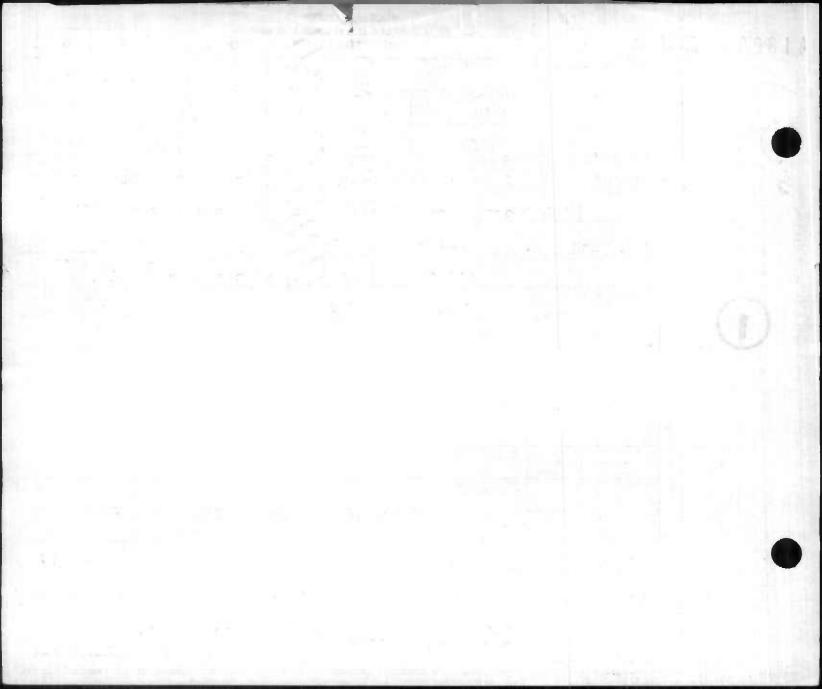
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+ 1	J U	001	2		REGISTRAR CLEAN	YORA	CERTIFICATE OF	DEATH	8 REG	. NO.	1 6	0 4
	y be	age 3 deoth		1. DE	CEASED NAMELeanor OR PRINT) ELEAN	NORA	KIRWA	irwan	20. DATE OF DEATH	JAN 1	1 87	825 PM
	ge 4 ma	ector, po		3. SE	Female	RACICAUASIAN OAK	5. DATE OF BIRTH MONTH DAY 13	VEAR D4	6 AGE (IN YEARS LAS	8 2 YRS.	IF UNDER I YEAR	IF UNDER 24 HRS
	Pog.	2 hou	SC	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER	MARRIED T	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
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AND 2 N	n 24 hou	filled in hould be	シド	130. 3	MD Bal	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW . timore Catons	/N 113d INSIDE	CITY LIMITS?	9 Bisho	ss/zipcode ps Lan		1228
MARYL	ted with	ampletely	3	1	Christian	F. Maise	1 Ella		MIDDL	L	uther	
TIMORE	be execu	on ond c	medico		VAS DECEASED EVER IN U.S. AR ves. no or unknown) { if yes. giv NO NO	VE WAR OR DATES)	JRITYNO. 17 INFORM -4777 Jean	n A. Re	eincke C	Bishop atonsv	s Lan ille,	e21228 MD
T., BAL	1	Control of the contro	event, th		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), or ED BY:  OF CAUSE (o) CARDIAC	ASYSTOLE					MINUTES.
1 W. PRESTON SI	that the deput co	by the illustration combined in cremotics	r other troumatic		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQU (b)  DUE TO, OR AS A CONSEQU (c)						
RDS, 20	equires	Then ple	njury, ar	N O	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTING TO	INAL DISEASE OR CO	ONDITION GIVE	N IN PART 1	0.		
AL RECO	he low n	has been prior	ows ony	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERF	ORMED	200 AUTOPSY?	IN CERTIFY		NGS USED S OF DEATH?
OF VIT	ICIAN: 7	ertificate ial-transit ntol Hygi	45.87		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH D	AY YEAR	INJURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM 18 PA	RT I OR PART 2)	
DIVISION OF VITAL	JG PHYS	ter this constitution that the burner of the	rked or #	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC ) 211 LOCAT	ION	CITY O	RTOWN	COUNTY	STATE
•	TTENDIN	for use of Health	21 is mo			otol) attended the deceased from	NOV. 18 87 , and that in (m)	y) (our) opinion	death occurred on the	e date and hour	ond from the	that (I) (we) last
	AL OR A	detoched ate Dept.	JT: If Hem		Volton n.	King so	DEGREE	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN	22c. DATE	an 87
	SplT	JNER J be o	STAN /		22d. PHYSICIAN'S NAME (TYPE C		22e ADDRE					
	O HC	TO FUNES	MPORTAN		VALTON N. 1		2025	N. Sm	YTHE ST.	ARLING	TON.	VA. 2220)
	P.P		= /	23a E	URIAL, CREMATION, REMOVAL SPECIFY)  Purial	23b. DATE 23c.	NAME OF CEMETERY OR		23d. LOCATION	-277-	CONNIA	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

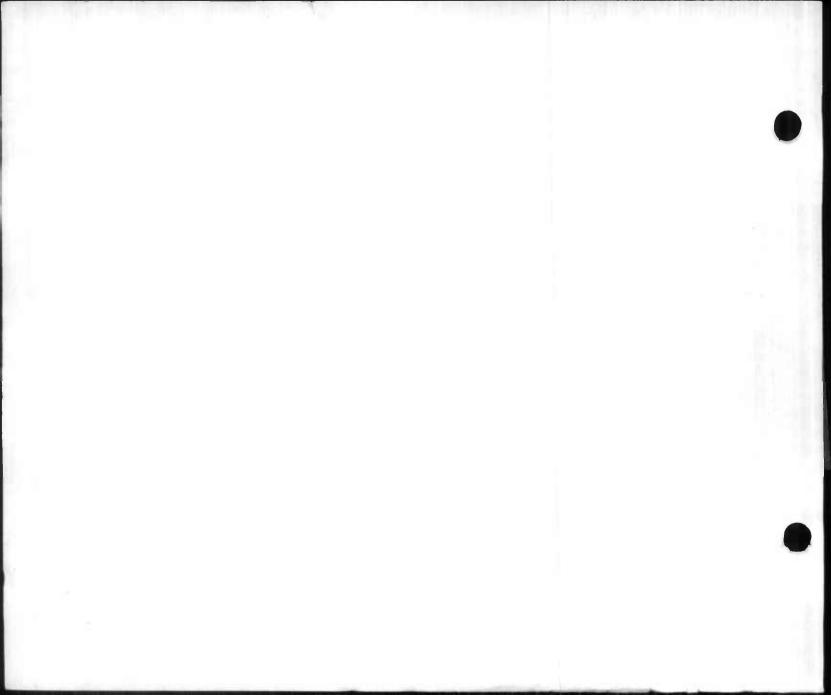
Burial 01-14
24 FUNERAL DIRECTOR Catons
NAME
MacNabb Funeral Home Catonsville,

MD 21228 | 250. DATE REC'D. BY REGISTRAN 256 REGISTRAN S SIGNATURE JAN 1 6 1987 | 4 100 Million Control of the control of the



VOIDED DEATH CERTIFICATE NUMBER 87-01283

Andrew Kish - 12/26/86 - City See late 1986 deaths



DING PHYSICIAN, The

TO MOSPIFAL C

BP.

## STATE OF MARYLAND

	FOR STATE		DEPART		EALTH AND MENTAL HYGI	IENE						
	REGISTRAR				ICATE OF DEATH	8 REG/N		0		28	des	
ull (	DECEASED NAME FIRST		MIDOLE		AST	20 DATE OF DEATH	HINOM	DAY	YEAR	26 HOUR		
L	Lilli	an	L.		K A KLECKA		1	23	87		M	
3.	SEX	4. RACE		5. DATE C		6 AGE IN YEARS LAST BIR	RTHDAY)	MONTH	DER TYEAR	IF UNDER 24 HOURS	HRS MIN.	
1	Female	White	е	May	15, 1895	91	YRS		VATS	HOURS	WIN.	
70	BIRTHPLACE   STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH						
	Maryland	U.S	.A.	WIDOWE		Baltimor		ty,			MD.	
10	). CITY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPAT				F BUSINESS	OR	
1	Baltimore	542	North La	kewood	Ave. 21205	Retired Fe				nstru	ctor	
1	SUAL RESIDENCE (IF NURSING HOME 30 STATE 136 CO		GIVE RESIDENCE BEFORE  130 CHTY OR TOT  Balti	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 542 No. I			Ave.	2120	05	
14	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME .						
	Henry	MIDDLE	Lott	es	Lillian	MIDDLE			Gay			
16	WAS DECEASED EVER IN U.S.		166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS				_	
	(YES NO OR UNKNOWN) (IF YES, O	216-28-5911 William T.S. Bricker 11 Cas								tle Gate Court		
F	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Т	IMMEDIATE CAUSE (0) CHRONIC GRANULOMATOUS CYSTITIS									248.		
Г	DUE TO, OR AS A CONSEQUENCE OF											
1	Canditions, if ony, which	( (b)_										
	gove rise to immediate cause (a), stating the	DUETO	R AS A CONSEQI	IENCE OF							77	
1	underlying cause last.	(c)										
1		CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION	SIVEN IN	PART 110			
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	ES, WER	S, WERE FINDINGS USED					
	≅	2				YES IN NOT		TIFYING	CAUSES	OF DEATH	?	
1	210. ACCIDENT WAS UNDERLYING	216. TIME C			21c. HOW INJURY OCCURR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I ORPART 2)						
		ZEMIN	M. MONTH			CENTER SETTING OF MAJOR STREET SALES						
	OR CONTRIBUTING CAUSE OF C	21e PLACE	M. OF INJURY	19	21f LOCATION					_		
ľ	WHILE NOT WHILE D	( AT HOME, STI	REET, FACTORY, OFFICE	, FARM, ETC )	STREET	CITY OR TO	)WN	C	OUNTY	STAT	i E	
П	220 I certify that (1) (this hos	pital) attended th	e deceosed from	5/	19 85			, 19	7	tho (I) we	) last	
П	sow the deceased alive above (I) we) (did) (did			0/	nd that in my aur) apınıan d	deoth accurred an the d	ate and h	aur and	from the	causes state	d	
1	226. SIGNATURE	I South the Body	diler dedin.		DEGREE			2	2c. DATE	SIGNED		
	MEarl	Henry	ET.	1	ATTENDING PHYSICIAN	MEDICAL STA			1/2:	3/87		
1	224 PHYSICIAN'S NAME ITYP	E OR PRINT)		100	22e ADDRESS				-			
1	Maurice Hea	rd M.D.			Tohne Honk	ins Hospita	. 1					
2:	30 BURIAL, CREMATION, REMOVA		230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION						
	(SPECIFY) Burial	Jan. 27	1007	Baltim	ore Cemetery	Balto.		COU	NIY	Md.	ŧ	
2	FUNERAL DIRECTOR	nan Z/	7-2		204   25 DATE			ISTRAR'S	SIGNAT	UBEAR.	-	
	Ruck Towson Fun	eral Hom	e. Inc.	1050	York Rd JAN	201981 8		, a	. James			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. A should be deteched for use with the Stote Dept. of Heal APORTANT, if bem 21 is

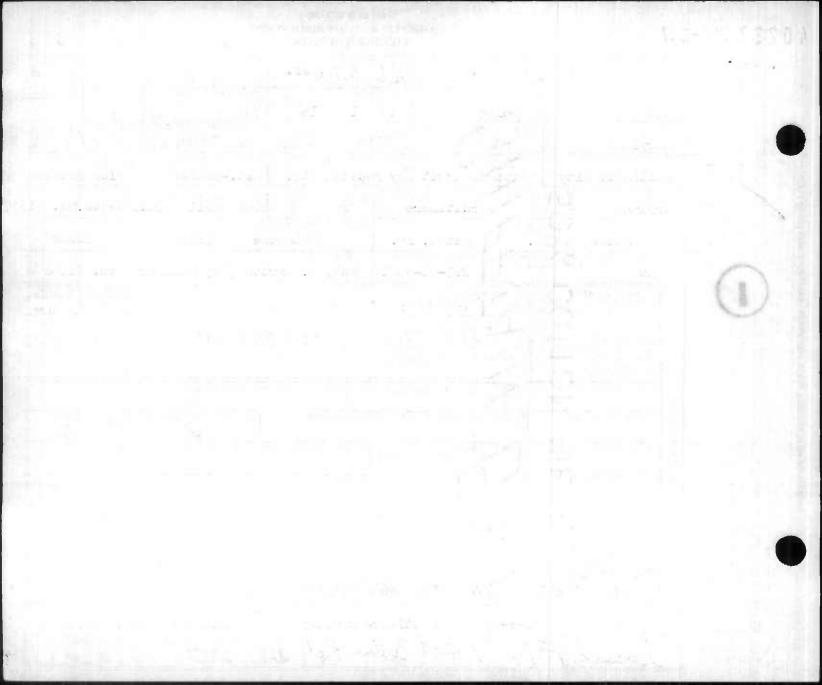
pletely filled in by the tunnfal director, nd 2 should be filed within 71 hours oft

Strain that out they til in committee to the committee of the CHECK THE PROPERTY OF THE PARTY nuce 'to so in Erus Dies Inc. 100 orners.

# STATE OF MARYLAND

8	REG. NO	G	1	2	8	Bus REA

237 JAN	-8	87	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE B REG NO	0 1 2 8 5
2 74	1		CEASED NAME FIRST	OB	MIDDLE W.	KĽ	INE Jr.	20. DATE OF DEATH MONTH	03 87 11 7A
6 69	1	5E)		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
4 96		Ma.	Le:	Whit	te	10	1 DAY 16 TEAR	70	RS. DAVS HOURS MIN.
earth. Pos	3	(	OUNTRY) (STATE OR FOREIGN ATYLAND	75. CITIZEN OI	F WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DO DIVORCED	9. BALTIMORE CITY OR COL BALTIMOR	ECITY.
12	1	Ba	altimore City	Franc	uch facility, give street /	Key M	edical Ctr.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) RetRoofer	NG LIFE) INDUSTRY Fick Roofers
12	3	13m. S	RESIDENCE (IF NURSING HOME TATE 136 CO		Baltimor	ADMISSION) P	13d. INSIDE CITY LIMITS? YES 🄼 NO 🗍	13e STREET ADDRESS / ZIP C 2000 Odell Ave	nue Balto.Md. 21
d charge	0	4. FA	THER'S NAME FIRST Jacob	MIDDLE	Kline,	Sr.	15. MOTHER'S MAIDEN NA		Dobbs
	1		(AS DECEASED EVER IN U.S. AS DECEASED EVER IN	ARMED FORCES? GIVE WAR OR DATES)	217-01-		Nancy L. Bar	ton 4325 Glenm	ore Ave. 21206
			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause po SED BY: ATE CAUSE (a)_	er line far (a), (b), and	MOU	VIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24 Lays
quires that the signed by the their please retributed, event nivery, or other t		NOI	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN	(c)_	OR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	I GIVEN IN PART 1(a
he four re day has been t permit ente prior	2	IFICAT	190 DATE OF OPERATION	19b. CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IN CE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
CLAN, 1 9 Ohisio enficole coltrons intel Hrg	9	CAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM	n 18 PART I OR PART 2)
afferds offer this her this hand M. hand M.	1	MEDICAL	21d INJURY OCCURRED  NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
STENDI spital or CTOR: A for use of Heal			22a.1 certify that (1) (this has saw the deceased alive abave, (1) (we) (did) (did	an1/2	3/87 19		d that in (my) (aur) apinian		, 19 87, that   It (we) la I have and fram the causes stated
TAL OR TO THE TO THE TO THE TOTAL DIRECTORY TO THE TOTAL DIRECTORY TO THE TOTAL OF THE TOTAL THE			22b. SIGNATURE	ev				MEDICAL STAFF DIRECTOR PHYSICIAN	1/3/87
O HOSPI ritaried it TO FUNE should be such the S	/		CHRISTAN	EH	HARTER	ME	FRANCIS	S. KEYMC 4	1940 EASTERN
BP		230. 8	urial, cremation, remov. Burial	236. DATE 1-6-8			e Cemetery	Baltimore	City, Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		14. FL	Lassah P	= 1/4	7404	Bel	an Rd 250 DAT	REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE



# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR E	ERNARD	F. KNEI	LL	CERTIF	ICATE OF DEATH	8 / REG. NO	o. U	· dia	0 0	
1. DE	GEASED NAME	FIRST	,	MIDDLE	t	AST	20 DATE OF DEATH	MONTH D	DAY YEAR	26. HOUR	
11116	. On Pauli	BERNA	RD	F.	AA	LIL	Jakit	ARY 5	,1967	1925 1	
3. SE.	Х		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Male		White	2	June	29, 1902 YEAR	84	YRS.	MONTHS DAYS	HOURS MIN.	
(	RTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O				
_	Maryland	DE ATH			WIDOWE	DR OTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS OR	
10 C	BALTIMOR			T AGNES			(TYPE OF WORK FOR MOST O				
13a S	AL RESIDENCE (# N STATE Maryland	URSING HOME OR		GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Baltimo	/N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 820 Caton			29	
14. FA	ATHER'S NAME FIRST Frank		MIDDLE	Knell		IS. MOTHER'S MAIDEN NA FIRST Catheri	MIDDLE	N	leehan	ī	
	VAS DECEASED EV			166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	SS			
	yes, no or unknown) No	(IF YES, GIV	E WAR OR DATES)	216-01-1	.096	Pearl Knell	Same as	# 13			
	Canditions, if a gave rise to cause (a), ste underlying car	ny, which immediate ating the use last.	(b) DUE TO, OI	RAS A CONSEQUI	ENCE OF	na ?	char	wel	P		
NO	PART 2. OTHER SI	IGNIFICANT C	CONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVE	EN IN PART 110	3	
CERTIFICATION	9a. DATE OF OPE	RATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO				
MEDICAL CER	210. ACCIDENT WAS OR CONTRIBUTING ( (IF EITHER NOTIFY M	CAUSE OF DEA	TH HOUR A.	M. MONTH D. M.	AY YEAR 19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	ART 1 OR PART 2)		
WED			21e. PLACE (	OF INJURY BEET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	abave, (1) (we	ased alive an	1 1	19 2		nd that in (my) (aur) apınian	death accurred an the do	ate and have	and Iram the		
	226. SIGNA	Ba	lus				MEDICAL STAI DIRECTOR PHYSIC		22¢ DATE	SIGNED 5/87	
	DONOVA	NAME (TYPE O				900 S. CA	TON AVE., BA	LTO.,M	D. 212	29	

BP DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. sould be detached the the State Dep APORTANT, #

230 BURIAL, CREMATION, REMOVAL (SPECEV) Burial 1/8/87 <sup>74</sup> FUNERALDIRECTOR & Russell C. Witzker Funeral Homes P. 1630 Edmondson Avenue, Catonsville, MD. 21228

236. DATE

FOR

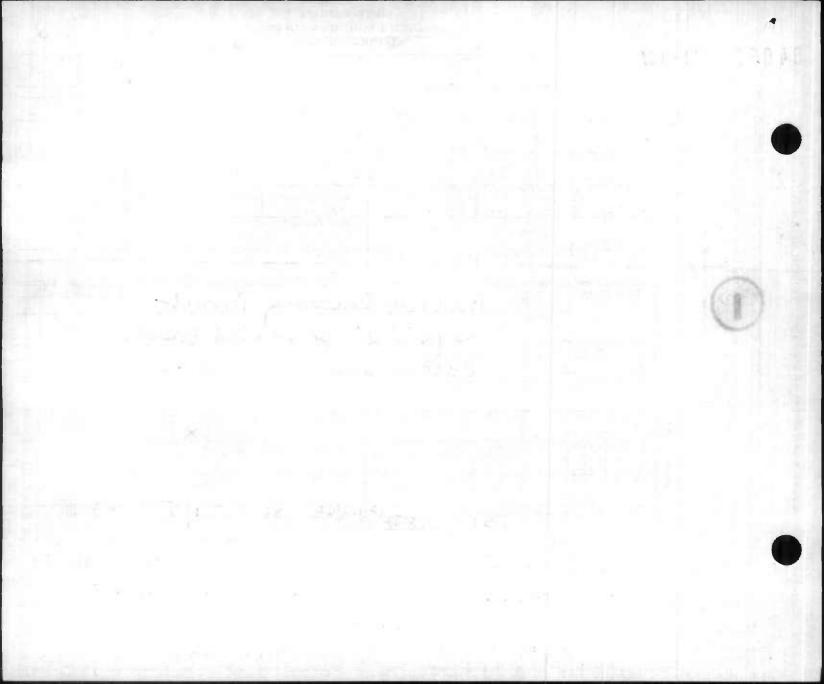
JAN

234 NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery

23d LOCATION
CITY OF TOWN
Baltimore

Maryland

A JAN 7 REGISTRAR 256. REGISTRAR'S SIGNATURE



FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 1	. 3		
	la	8	
1	Sine	-	
0	Sirver.	9	

	- STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. N	10.					
A	I DICHASED NAME FIRST	MIDDLE		LAST		MONTH DAY YEAR 26 HOUR					
	MABEL	REBECCA		KNOX	JA	$N.14, 1987   5p/_{M}$					
	3 SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER LYEAR IF UNDER 24 HRS					
1	Female	White	Mar		93	YRS DAYS HOURS MIN.					
	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8		9 BALTIMORE CITY	OR COUNTY OF DEATH					
	Maryland	U.S.A.	WIDOW	ED NEVER MARRIED	Baltimor	e City MD.					
2	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME		120 USUAL OCCUPAT	ION 126 KIND OF BUSINESS OR					
	Baltimore	2211 W. Roge		venue	(TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTRY					
100	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130. COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	PRE ADMISSION)		13e STREET ADDRESS 2211W. R	ogers Ave.					
1	14 FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST					
	John Tho	omas Knox		Sarah	Rebecca	Monroe					
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS					
	no	220-09	-403	5 Wesley Ho	ome Inc.	2211 W.Rogers Ave					
	Conditions, if ony, which gave rise to immediate couse to stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [	DUE TO, OR AS A CONSEON  (b) PROM  DUE TO, OR AS A CONSEON  (c)  CONDITIONS CONTRIBUTING TO  AND  196 CONDITION FOR WHICE	UENCE OF	scular Do	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
	OR CONTRIBUTING _ CAUSE OF DE	EATH HOUR A.M. MONTH (	DAY YEAR		RED (ENTER NATURE OF INJU	YES NO NO					
	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	, FARM ETC )	21f LOCATION STREET	21f LOCATION STREET CITY OR TOWN						
	sow the deceased alive a	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN W									
	ROBURT  230 BURIAL, CREMATION, REMOVA	LIBERTO M	D -	22e ADDRESS CEMETERY OR CREMATORY	123d LOCATION						
	Bürial			ne Park Cemete		imore, Maryland STATE					

DHMH - 16 50M 1/81 (VRA 15, 4)

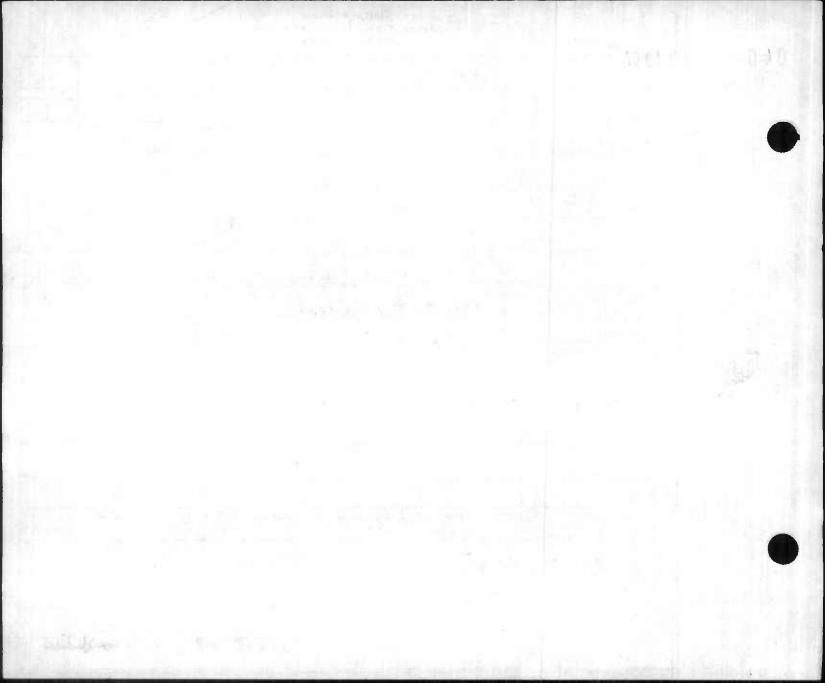
BP.

TO FUNERAL DIRECTOR, After this certificate has been si should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to IMPORTANT: If Hem 21 is morked or Item 18 shows ony

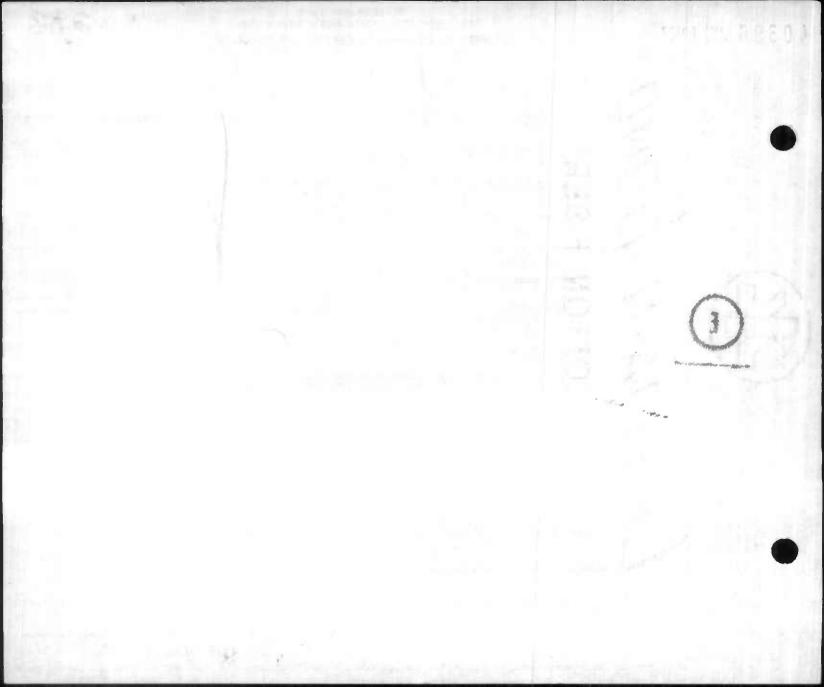
TO HOSPITAL OR ATTENDING PHYSICIAN The retained by the hospital or attending physicia

Burgee-Henss Funeral Home, Baltimore, Md 21211

Baltimore, Maryland 250 DAN REC DE US PIRAR IN REGISTABLE CAN LUE A.E.



STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** 140396 JAN 1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 1. DECEASED NAME LAST 20 DATE KNOWN [X] THE OF PEND OF ESTI-Ronald DEATH MATED Knox 5/ 1987 4. RACE 1. SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 1:30 2c DATE SALDIRECT MIYOUR F MONTH YEAR LAST BIRTHDAY PRONOUNCED DEAD 1. 23/60 Th. CHIZEN OF WHAT COUNTRY? 1987 AM BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X POREIGN COUNTRYS Baltimore WIDOWED DIVORCED Baltimore City IISA III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFET Baltimore Sinai Hospital JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland H FATHER'S NAME Baltimore vnview 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Melvon Knox Dorthy Hunt WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 78 7087 5440 Lynview Ave 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PRESTON ST. PART I DEATH WAS CAUSED BY: Stab Wounds of Back with Complications IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate × cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING". PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL BY CHURERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURRARE DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND BANKIMORE, MARYLAND, 21201 PRIJOR TO BURIAL, CREMATIO DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN CERTIFICATION 1.90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES X NO [ 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) XOR HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 11:25 PM 12/24/1986 subject stabbed 21e PLACE OF INJURY (ATHOME 71f LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE DOT WHILE Linnview Ave., Balto. City, Md. house 22a I certify that I took charge ribed above, held an Autopsy Inspection nguiry and in my apinian Homicide X death resulted from Natival Accident Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 1/5/89 SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME R. Kauffman, M.D. ADDRESS Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY Buria 187 07/84 Arhutus BP 24 FUNERAL DIRECTOR **DHMH - 17** Julia Danbern B (VR A15 ME (5)) .H. 4300 Wahash Ave



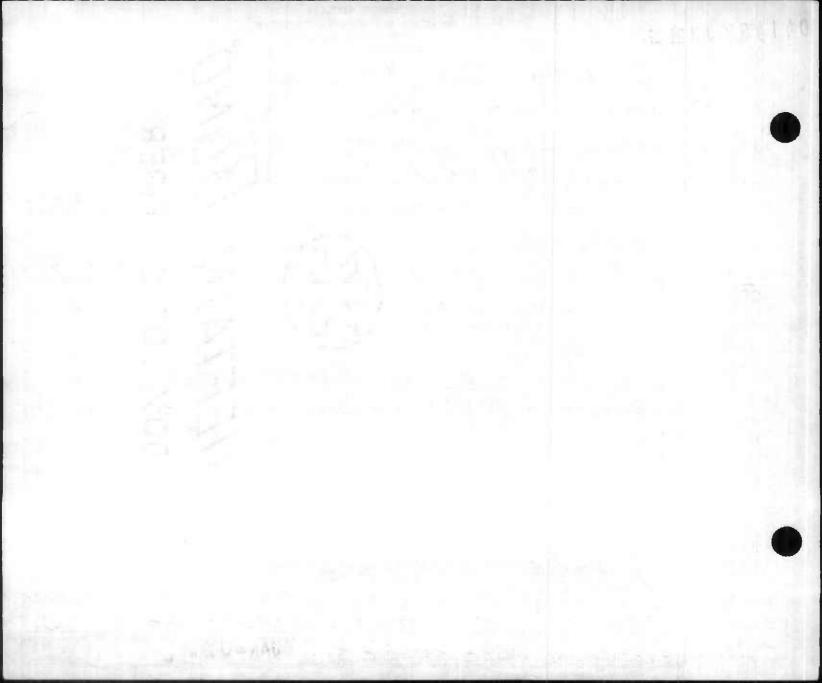
#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 - STATE CERTIFICATE OF DEATH 1. DECEASED NAME 2a DATE OF DEATH 2h HOUR LIVPE OR PRINTI Bertha Koeni 10 4 RACE 3 SEX S DATE OF BIRTH IF UNDER I YEAR MONTH Femole 10 24 BALTIMORE CITY OR COUNTY OF DEATH I STATE OF FOREIGN MARRIED NEVERMARRIED COUNTRY WIDOWED TO DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Ason 1. Lord USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 3e STREET ADDRESS / ZIP CODE 3 YN. Streeperst. mo Baltimore Orlfimore YES NO T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES NO OR UNITEDIAN) (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 FICATION dementia 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO -YES T NOF 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 STREET NOT WHILE January 10 19 8 22a | certify that (1) (this haspital) attended the deceased from July 2 sow the deceased alive on Janjary 18 obove, (1) (we) (did) (did not; view the body after death. and that in (my) (our) opinion death accurred on the date and how and from the causes stated Dept 226 SIGNATUR DEGREE 22c DATE SIGNED MEDICAL STAFF ould be detain the State

DHMH - 16 60M 7/84 (VRA 15, 4)

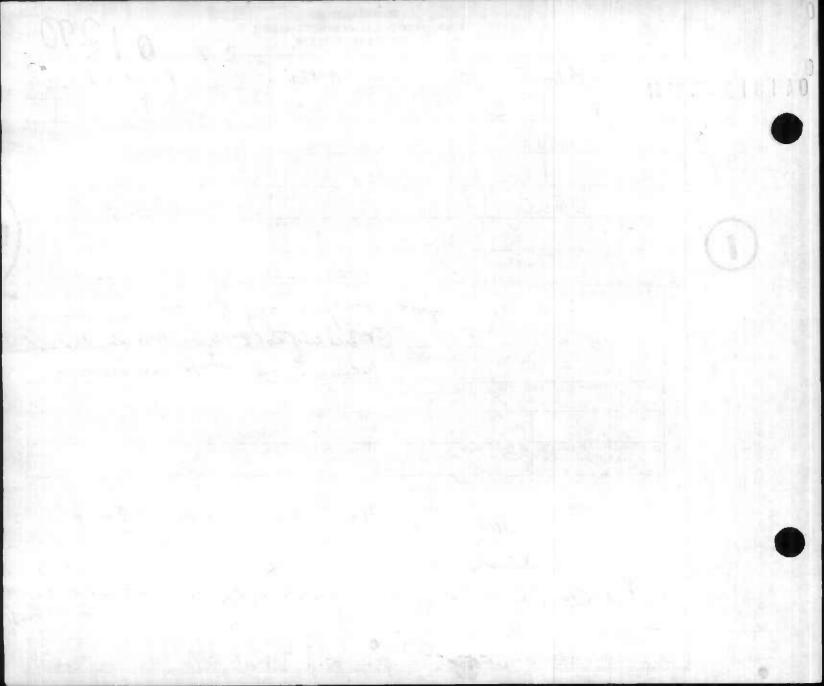
MPORTANT.

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN



	FOR 1 - STATE		OF MARYLAND EALTH AND MENTAL HYGI	ENE	1297
	REGISTRAR  I. DECEASED NAME FIRST		ICATE OF DEATH	RES. NO.	1010
	(TYPE OR PRINT) MARI		HLHAFER	1- 4	21-87 9:35
JAN	101-01	RACE S DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
TW		CITIZEN OF WHAT COUNTRY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY	
43	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  South Baltimore Gene	R OTHER INSTITUTION	Baltimore City  12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	126 KIND OF BUSINESS O INDUSTRY Self
奶	TOUAL RESIDENCE (IF NURS ME OR OTH 30 STATE	her institution, give residence before admission)  imore   Arbutus		13e.STREET ADDRESS / ZIP CODE 1252 Brewster S	
13	IL ATHER'S NAME FÎRST MIDI	Miller	15. MOTHER'S MAIDEN NAM		LAST
2	160 WAS DECEASED EVER IN U.S. ARME (16 YES, NO OR UNKNOWN) (16 YES, GIVE W.		Leonard J. Z	inck 1252 Brewste	er St. 21227
moval	18 CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED B		neshinato	my Arrest.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ourial, crematian, ar r		DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  NDITIONS CONTRIBUTING TO DEATH BUT	Cecural of NOT RELATED TO THE FAMILY	At cirel o Vos> Artena	eles dies,
ws ony inju	19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
em 18 sho	On CONTRACTOR OF CAUSE OF CAUSE	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	YES NO YES	
rked or th	OR CONTINUOUS CAUSE OF DEATH  (IF EITHER NOTHY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE ALWORK ALWORK ALWORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Heolif	220 I certify that (I) (this hospital) saw the deceased alive an above, (I) (we) (did) (did not) vi	1/10 19 87 00	d that in (my) (our) opinion d	eath occurred on the date and hour	19
NT: If Hen	22b SIGNATURE	leder	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/22/87
MPORTAN	22d PHYSICIAN'S NAME (TYPE OR PR	REIDER M.D	7445	FURNACE BR	ANCH Pollen
	Burial		re Cemetery	23d LOCATION CITY OR TOWN Baltimore Ci	ty Maryland
M 7/B4	24 FUNERAL DIRECTOR		21227 25a DATE	REC-D. BY REGISTRAR 256, REGIST	RAR'S SIGNATURE



requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital or attending physician.

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	9	2	9

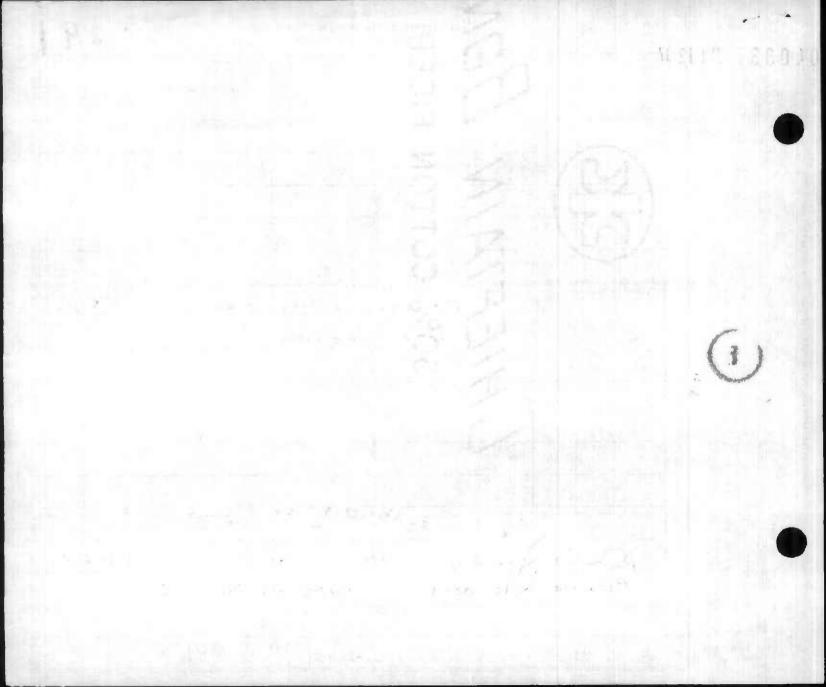
	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	8 REG. N	o. U	! %	7	
		CEASED NAME E OR PRINT)	Louis	e W. Kr	ause		AST	20 DATE OF DEATH 1-4-87	MONTH DAY	YEAR	26 HOUR	М
	3 SE	Female		RACE White			5-1900 YEAR	6. AGE (IN YEARS LAST BIR	YRS	UNDER I YEAR	HOURS A	HRS WIN.
	j	RTHPLACE (STATE ORFO COUNTRY) Baltimore, N	,MD. U.S.A.			MARRIE		Rolfimoro ('ify				MD.
		Baltimore	2	6108	Fairdel	Ave	21206	17a USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Saleslady		INDUSTRY	y- De]	
>	13e. S	MD.	136 COUNT	THER INSTITUTION Y	Balto.		13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 6108 Fai	zip code rdel Av	re21	206	
)		ATHER'S NAME FIRST Wilhe	Lm H	ornung	LAST		Katherin	e MIDDLE M	ueller	IA5	ī	
		WAS DECEASED EVER YES NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	218-07-		Paul S. Krau	se Jr 3			- 212	
		Conditions, if any, which gove rise to immediate			R AS A CONSEOU R AS A CONSEOU ONTRIBUTING TO	Tes UENCE OF	mellitus	INAL DISEASE OR CON	DITION GIVEN	IN PART 100		
7	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN	NG CAUSES	OF DEATH?	
1		21a ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.	IME OF INJURY JR A.M. MONTH DAY YEAR P.M. 19		21¢ HOW INJURY OCCURE	YES NOW YES NO			NO 🗍	
	MEDICAL	216 INJURY OCCURR	ile 🗇	21e PLACE (	OF INJURY EET FACTORY, OFFICE	FARM ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STAT	E
		27a   certify that (I) sow the deceose above, (I) (we) (d 27b SIGNATURE 27d PHYSICIAN'S NA	ed alive on _ lid) (did not)	view the kody	19 19	83 .01	22e ADDRESS	. 10	ote and have as	22c DATE :		lost d
	23a. B	BURIAL, CREMATION, I	REMOVAL	23b DATE 1-8-8			emetery or crematory d Memorial Pa			OUNTY	STATI	E
	24 FU	John C. M	iller,	Inc	-6415°°Be	lair R	kd21206 250. DA	EREC'S BY REGISTRAR	256 REGISJRAI	R'SSIGNATI	URĘ	4

DHMH - 16 60M 7/B4 (VRA 15, 4)

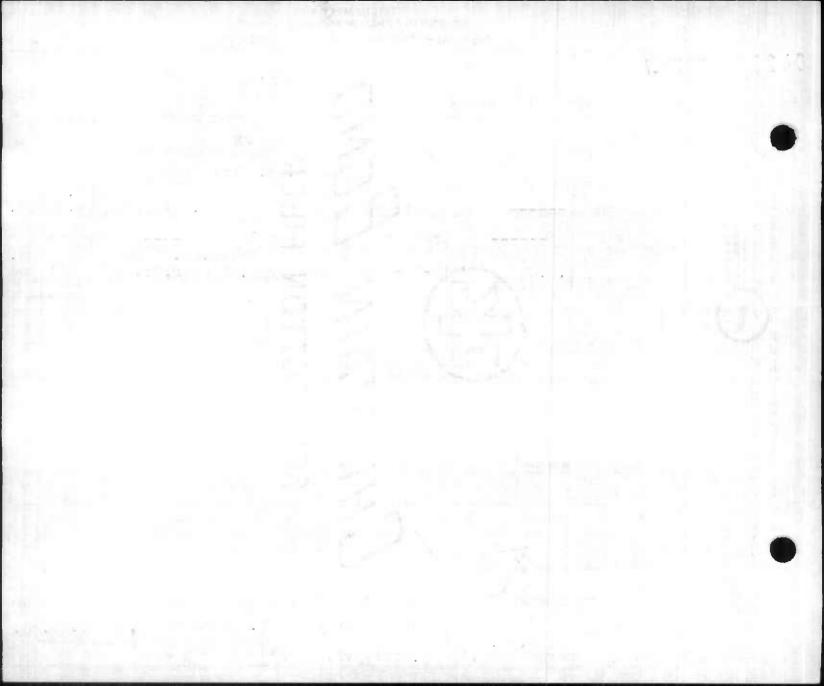
BP.

TO FUNERAL DIRECTOR. After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to be IMPORTANT; if them 21 is marked or frem 18 shows any injury.

FOR



STATE OF MARYLAND



STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

Buria1

24 FUNERAL DIRECTOR T.A. Hardesty Annapolis, Md. 21401

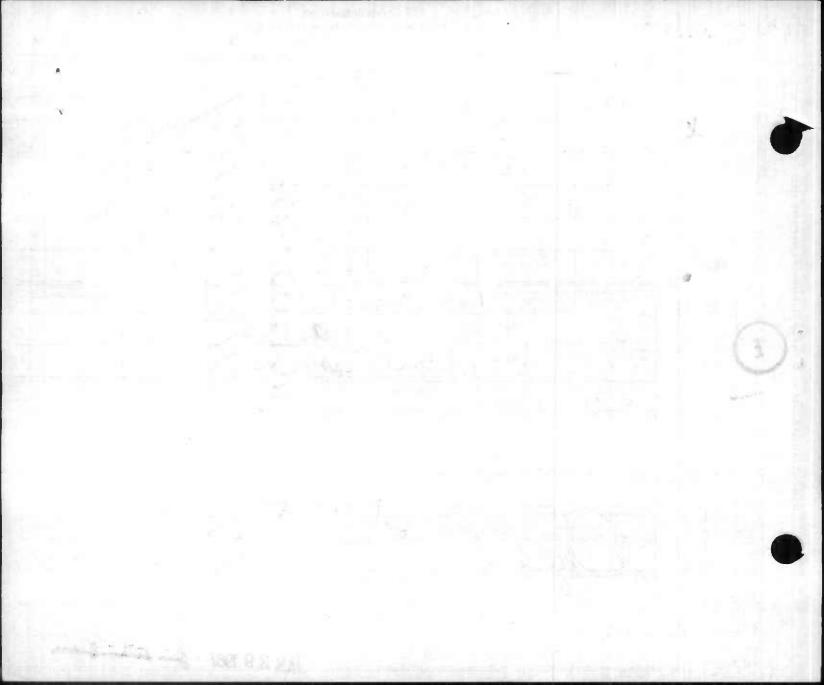
1 - 25 - 87

#1. G-624, 2/4/87, by F.H.,

25a DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE Alie Braker

Annapolis

AUNTA. Md . STATE



ompletely filled in by the fun opd 2 should be filed within

signed by the offending physicion

within 24 hours ofter

### STATE OF MARYLAND

DEPARTMENT OF UCALTU AND MENTAL UVCIENC

8	REG. NO.	0	1	2	9	
	KEG. 140.					

21.2		CEASED NAME FIRST	٨	AIDDLE	Į.	AS'	2a. DATE OF DEATH	MONTH TAY	YEAR 26 HO
	TITPE		/ictori	a Krogma	an		January 11 1987 44		
1	3. SE	emale	4 RACE Caucasi	an	S. DATE C	th 13 01916 YEAR	6. AGE (IN YEARS LAST BIR	RIHDAY) IF UNDE	DAYS HOURS
7		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY? States	8. MARRIEI WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY C Baltimore (	OR COUNTY OF DE	ATH
0	10 B	altimore	SaintsuA	COSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		KIND OF BUSIN
5	1300	AL RESIDENCE I IF NURSING HOME O		GIVE RESIDENCE BEFORE		13d. INCIDE CITY LIMITS?	138. 51257 ASSESS	Charles Ave	enue 212
8		rank Wiesner	MIDDLE	EAST	8	IS MOTHER'S MAIDEN NA	kenrode MDDLE		LAST
1	16a V	VAS DECEASED EVER IN U.S. AT	RMED FORCES?	212-01-4		5251 Saint C	harles Ave. I		Mary:
		Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause last.	(b)	R AS A CONSEQUE	T	ty fer Calce	ema;	met. Berfeus	to Bo
	FICATION	gove rise to immediate couse (a), stating the	DUE TO, OF	R AS A CONSEQUE	NCE OF (	HypeCalce HX  NOT RELATED TO THE TERM  N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE	E FINDINGS USE CAUSES OF DEA
29	CAL CERTIFICATION	gove rise to immediate couse 101, stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	DUE TO, OR  Ic)  CONDITIONS CO  19b. CONDI  ATH HOUR AA	R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH  FINJURY  M. MONTH DA	DEATH BUT  OPERATION  AY YEAR		200 AUTOPSY?  YES NO	206 IF YES, WERE IN CERTIFYING O	E FINDINGS USE CAUSES OF DEA NO [
29	MEDICAL CERTIFICATION	gove rise to immediate couse 101, stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	DUE TO, OR  Ic)  CONDITIONS CO  19b. CONDI  ATH R)  21b. TIME OI HOUR A./ P.A  21e. PLACE C	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA	DEATH BUT  OPERATION  AY YEAR  19	N WAS PERFORMED	200 AUTOPSY?  YES NO	206 IF YES, WERE IN CERTIFYING ( YES	E FINDINGS USE CAUSES OF DEA NO [
29		gove rise to immediate couse 101, stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE 21d. INJURY MEDICAL EXAMINE 21d. INJURY MEDICAL EXAMINE 21d. INJURY MEDICAL EXAMINE 21d. INJURY MED	DUE TO, OF ICO	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA M.  DF INJURY  BET, FACTORY, OFFICE, FA	NCE OF ( DEATH BUT  OPERATION  Y YEAR  19  ARM, ETC.)	21c. HOW INJURY OCCURE 211 LOCATION STREET 19 ad that in (my) (our) opinion of	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO	20b IF YES, WERE IN CERTIFYING O YES DIR VINITEM 18 PART I OR	PART 2)  that (1) (com the couses st
29		gove rise to immediate couse 101, stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK SOW the deceased olive or obove, (I) (we) (did) (did)  22b. SIGNATURE	DUE TO, OF Ic)  ONDITIONS CO  19b. CONDITIONS CO  19b. CONDITIONS CO  19b. CONDITIONS CO  21b. TIME OI HOUR A./ P.A.  21c. PLACE C  1AT HOME, STRI  21b. Time of the body.	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA M.  DF INJURY  BET, FACTORY, OFFICE, FA	NCE OF ( DEATH BUT  OPERATION  Y YEAR  19  ARM, ETC.)	21c. HOW INJURY OCCURS 21l LOCATION STREET  , 19 ad that in (my) (our) opinion of the company of	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO	20b IF YES, WERE IN CERTIFYING O YES	E FINDINGS USE CAUSES OF DEA NO [ PART 2)  UNITY
29	MEDICAL	gove rise to immediate couse 101, stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE 21d. INJURY MEDICAL EXAMINE 21d. INJURY MEDICAL EXAMINE 21d. INJURY MEDICAL EXAMINE 21d. INJURY MED	DUE TO, OF IC)  19b. CONDITIONS CO  19b. CONDI	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA  OF INJURY  E deceosed from  after death.	OPERATION  OPERATION  Y YEAR  19  ARM, ETC.)	21c. HOW INJURY OCCURE 211 LOCATION STREET . 19 ad that in (my) (our) opinion of DEGREE ATTENDING	YES NO RED (ENTER NATURE OF INJU  CITY OR TO  death occurred on the d  MEDICAL STA  DIRECTOR PHYSIC	20b IF YES, WERE IN CERTIFYING O YES	PART 2)  Thot (1) (  Tom the couses st

21133

Randallstown, MD

DHMH - 16 60M 7/84 (VRÅ 15, 4)

8728 Liberty Rd.

BP.

TO FUNERAL DIRECTOR: After this certificate TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the hospital or attending phys

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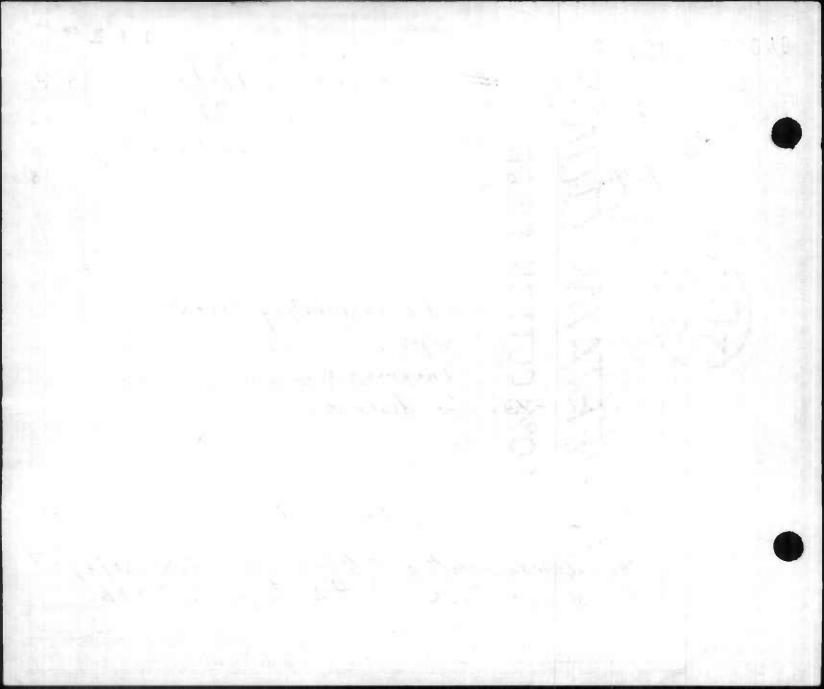
#### STATE OF MARYLAND

5.1	1-	STATE REGISTRAR		ICATE OF DEATH	ENE 8 REG. NO.	1295
		CEASED NAME FIRST OR PRINT) Sidney	MIDDLE H	rome	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 7 M
	3. SE:		RACE White S. DATE O		AGE (MYEARS AST BIRTHDAY) YRS	MONTHS DAYS HOURS MIN.
	M	ARYLAND	USA WIDOWE	DIVORCED DIVORCED	Baltimore city or coun	Crtz MD
and of		Baltimore	NAME OF HOSPITAL, NURSING HOME (     (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING OPTICIAN	12b. KIND OF BUSINESS OR INDUSTRY EXE GLASIS
35	13a S	ARYLAND 13b. COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13c CITY OR TOWN  BALTIMORE	XX X	3910 BANCROFT	RD. #21215
300			LEE KROME	DORA	BELLE	SANDBERG
e medico	Y1	VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURITY NO. 213-01-7275A	3910 BANCRO	JEANNEAKROME FT RD. BALTO.	,MD 21215
ijory, or alling fraum ale ev	NO	Conditions, if ony, which gave rise to immediate cause (al. stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DIVIDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN		IVEN IN PART I (a
2 South III	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
dor Hem 18 sh	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (1A) HOME STREET, FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	D (ENTER NATURE OF INJURY IN ITEM II)  CITY OR TOWN	COUNTY STATE
n 21 is marke	,	772 I certify that (II obs. hospit usw the digent of live on obows (II opendid) did not)	view the pady after death.		ta	
PORTANT: If her		THE PHYSICIAN'S NAME (TYPE OR Abes)	ela -Tuk la	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  Mahla	MEDICAL STAFF DIRECTOR PHYSICIAN  19 NO COURT	#3B.
₹		BURIAL, CREMATION, REMOVAL	JAN.8,1987 ANSH	E EMUNAH	BALTIMORE	MARYLAND
M 7/84 4)	24 FI	uneral director SOL L D10 KEISTERSTOWN	EVINSON & BROS., INC RD. BALTO., MD 2	1215 250 DATE	REC'D. BY REGISTRAR 25b. REGI	

DHMH - 16 60M (VRA 15, 4)

TO HOSPITAL retained by the

BP.



if r. poge 3 litter death TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the deput ceptrone be exercised by the hospital or attending physician. The low requires that the deput ceptrone be exercised by the hospital or attending physician. The low requires that the deput ceptrone be exercised by the hospital or attending physician. The hospital physician and the defected for use of the buriol-transit permit. The place remove corbon pages. Poperwith the Stote Dept. of Health and Mental Hygiene prior to brind, caremisin, on embod. IMPORTANT: If them 21 is marked at them 18 shows any injury, at other troumotic event. The medic

						STAT	E OF MARYLAND						
7 F.		FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL		8 / REG. NO	0	1 2	7	6
		EASED NAME	FIRST   E.	STHER"	IDDLE	1	ASTKROPMAN	2a. D	ATE OF DEATH	MONTH D	AY YEAR	26 HOU	R
			stler	-		Kr	MANOS		1: 1	an. 21	3.87	5:7	10CM
3.	SEK		4 R	RACE		5. DATE C			E (IN YEARS LAST BIRT		FUNDER TYEAR	HOURS	2.I HRS MIN,
	1	emale		Whit	-e	12	1- 100		96	YRS	OATS	, , ooks	MIN.
70		THPLACE (STATE OR FOR	REIGN 76	CITIZEN OF V	HAT COUNTRY			9 BA	LTIMORE CITY OF	COUNTY	OF DEATH		
1	M	2mg/md		US	A	WIDOWE		_   \	Sellma	ne I	City		MD.
10	SIT	Y OR TOWN OF DEATH	111.	NAME OF H	OSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	N 17g	SUAL OCCUPATION		126. KIND O	F BUSINE	SSOR
Е	D	eltimore		Level		. r moontoo,			HOUSEWIE		AT HO		
U	3n S1	RESIDENCE (# NURSING	HOME OR OTH	ER INSTITUTION, C	THE RESIDENCE BEFO	RE ADMISSION)	13d INSIDE CITY LIMI	TS2 13e.S	TREET ADDRESS /	ZIE CODE			100
	V	TARYLAND		and the second second	BALTIMO	RE	YES X NO	] 2	2500 W.BE	LVEDER	RE AVE.	212	15
14	L FA1	HER'S NAME	MIDE	ni f	PAST		15 MOTHER'S MAIDE	NAME	WIDDLE		LAS		
		Louis	miQ.		COHEN		UNKN	aun/	WIDDLE			IVI	
16	NC NC	AS DECEASED EVER IN	U.S. ARMED		im social sec 213-74	322	17 NEORMANT	MR. H	AVE, LE	KROPM	MD 21	T 20	)9
F		8 CAUSE OF DEATH	Enter only o	ne couse per l	ing for (o), (b), o	nd (c).)					APPROX BETWEEN	MATE INTERI	VAL
ı		PART I. DEATH WAS	S CAUSED B'		PULME	WAR	A FUNE	11102	m				
1					AS A CONSEOU	JENCE OF	* 43						
1		Conditions, if ony, v		(b)			Gangr	ene	right	tool			
1		gove rise to imme couse (a), stating	the }	DUE TO, OR	AS A CONSEOL	JENCE OF			0				
		underlying couse	lost	(c) K	ecent	Cest	above line	e an	-putati	00/9	angre	100	6)
		PART 2 OTHER SIGNIF	ICANT CON	IDITIONS <u>CO</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL	DISEASE OR CONE	ITION GIVE	N IN PART 11	3	
	CERTIFICATION	90 DATE OF OPERATION	N	196. CONDIT	ION FOR WHIC	H OPERATIO	N WAS PERFORMED	200	a AUTOPSY?		WERE FINDIN		
								YE		YES		NO [	
4	- 1	210. ACCIDENT WAS UNDER		216. TIME OF HOUR A.M		DAY YEAR	21c. HOW INJURY O	CCURRED (	ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PART 2)		
	8	(IF EITHER, NOTIFY MEDICAL		P.A		19							
-	MEDICAL	21d. INJURY OCCURRE		21e PLACE C	F INJURY ET, FACTORY, OFFICE	FARM FIC 1	211 LOCATION STREET		CITY OR TOV	VN	COUNTY	5.7	TATE
•	<	WHILE NOT WHILE			and an analysis	4	0.0	7					
		22a.1 certify that (1) (t	his hospital)	ottended the	deceased from	00	- 14 19	K. 1.	0. 1. 29	1	9.87.	that (I) (w	re) lost
		sow the deceased obove, (I) (we) (did	olive on  ) (did nbt) vi	ew the body o	ofter death.	87.0	nd that in (my) (our) op	oinion deoth	accurred on the da	te and hour	ond from the	couses sto	ted
		226. SIGNATURE	10	19		1	DEGREE				22c. DATE	SIGNED	
			14	war	1		ATTENDI PHYSICI	ING ME	DICAL STAF		11:2	8:8.	7
		22d. PHYSICIAN'S NAM	E (TYPE OR PR				224. ADDRESS	2 vin ~	late 2	1. 71.	Reluc	a da	O A
L		4	DEI	HEW	ASK		Aalt	nore	Ind' 2	1215	1-10		100
2:		IRIAL, CREMATION, RE		36 DATE			EMETERY OR CREMAT	ORY 23	d. LOCATION CITY OR TOWN		COUNTY	ST	TATE
L	-	BURIAL		JAN.30	and the second second		AMUNO		BALTIMORI		MA	RYLAN	1D
2.		NERAL DIRECTOR		LEVIN				a. DATE REC	D. BY REGISTRAR	1.0	pa 8.	. 0	
	0	OÍÖ REISTE	KOTOMI	KD.	BALTO.,	MD	21215	LFR	5 1987	Gulla	() corderno	Kandal	M.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 4 1 4 5 7 JAN 21 OFFRE

DHMH - 16 50M 4/83 (VRA 15, 4)

THERESA KRYSIAK SAKUAGINET FEMILIE CAUCE 15 C3 R5 PILARITANIA - AZII GINARITANIA Thermore See O Guille Cases Hemenael MAKYLAND ET PALIFIRAKE & KOE E GRUSE GET EIEE WILLIAM JARCONN RUNNYACTON NE LESS HER MINISTER KALLINK HERY RUGE FOR BURLAL THEN HELD WORKER CENTER MAKE CO. MOCO.

## STATE OF MARYLAND

3	7	0	1	6
	REG. NO.			

041460 JAN	21.	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYGI RTIFICATE OF DEATH	B ZREG. NO	0 1 2	9 9
y be		CEASED NAME FIRST FOR PRINT) TOSEPHI		1 CHARCZYK	2ª DATE OF DEATH	MONTH DAY YEAR 112-8	7
oge 4 mo	E	EMALE	CAUC.	DATE OF BIRTH  MONTH  DAY  10 - 15 - 99	6 AGE (IN YEARS LAST BIR	YRS.	YS HOURS MIN.
deoth. P	70. B	DLAND	W ACN	ARRIED NEVER MARRIED DOWED MORCED	BALLIMO BALLIMO	RE CIT	MD.
urs ofter	B	HimDRE	1. NAME OF HOSPITAL, NURSING HE FRANCIS SCOTT	KEY MED.	Home ma	F WORKING LIFE) INDUSTR	
LAND 21	13a.	ARYUAND 136 COUN		134 INSIDE CITY LIMITS?  YES NO   15. MOTHER'S MAIDEN NAM		STER AV	E 21224
E, MARY				K MARYANNA	MIDDLE	-	NEVIE
BALTIMORE.		YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 218-07-3	39 MRS ANGEL	INE NEU	MAN	AVE 2/224
1 4 502 5		PART I. DEATH WAS CAUSED	CAUSE (0) UNE DOVO		se.	Bt I WE	N ONST AND DEATH
hot the death certified by the attending it ose remove carbon of the attending it ose remove carbon of the treatments even other treatments.		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	tension			
RDS, 201	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVEN IN PART	lia
The low r in the l	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPE	ration was performed	YES NO	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir rathending physician.  Wher this certificate has been sign as the buriol-transit permit. Then th and Mental Hygiene prior to be orked or them 18 shows any injur		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY P.M.	YEAR 19	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART ?	1)
DING PHYSON or attendir or attendir of the bun of the and Mmorked or morked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
TTENDI pital or TOR: A for use of Heal		22a I certify that (1) this hospit sow the deceased alive obave (1) (we) (did and not	12/16/86 19	, and that in) (our) apinion a	toto		
0 2 0 0 2 =		226. SIGNATURE	a Vaneli pr	14	MEDICAL STA	FF _ //	TE SIGNED
O HOSPITAL TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (TYPE OF	21A VANIK	1770 ADDRESS Hobert L	vitake 1	Medical Ce	enter
BP	B	BURIAL, CREMATION, REMOVAL (SPECIFY) UNERAL DIRECTOR	1-16-87 HOL	4 ROSARY CEN	BALL ME REC'D. BY REGISTRAR	DRE COUNTY	mb.
DHMH - 16 50M 4/83 (VRA 15, 4)	K	czórowski F	UNERAL HOME	FIRET St. JA	N201987	Julia Dender	Rindres

TO CORNING TO THE THREETING JAN. - 12 . I PR PR - AV - ADDAS STANSE Pararys Ach City and difference of the second secon KISK BYA STOOM KIS K SKINNING CHINES JACOB SEDMANEK MARYAUKA NO LE SUR ET EET MES ATGELINE L'ELLAIAN SIE TEER BURNE THE FI HON NEGRET COM CARDINALE SEE THE KAUSOTOWICH, HUKEWA HOME WICE'S CH.

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.	40-	4	

3. N	10.	) [	3	0	0
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8	FOR STATE REGISTRAR	Di		EALTH AND MENTAL HYGI ICATE OF DEATH	B / REG. NO.	0 1 3 0 0
	1 DECEASED NAME FIRST	MIDDLE	1	AST	20. DATE OF DEATH MONTH	H DAY YEAR 26 HOUR A
	(TYPE OR PRINT)  ALEXANT	P.	KU	NANIEC Sr.	JANUARY 4, 19	987 4:25 M
	3 SEX Male	4 RACE White	5. DATE O	5,1918 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
2	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	JNTRY? 8. MARRIEI WIDOWE	D LA NEVER MARRIED U	9 BALTIMORE CITY OR CO BALTIMORE (	CITY MD.
-	BALTIMORE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI THE JOHNS HO	IVE STREET AOORESS)		120 USUAL OCCUPATION	THE THE THE HOCK Inc.
1	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COU	NTY 13c. CITY C	DR TOWN  altimore	YES X NO	13e.STREET ADDRESS / ZIP 506 N. Kenw	
TANK TANK	14 FATHER'S NAME FIRST Stefan	MIDDLE Kunanie	LAST C	15. MOTHER'S MAIDEN NAM	AE MIDOLE	Capainski
-10	160 WAS DECEASED EVER IN U.S. AI {YES, NO OR UNKNOWN} (# YES, GI	RMED FORCES? 166 SOCI	AL SECURITY NO.	17. INFORMANT	ADDRESS	Same
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	MEWEL CHE	HEGRT D.	IS(7)8E.	
2	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196. CONDITION FOR	WHICH OPERATIO		20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
7				•	ED (ENTER NATURE OF INJURY IN ITE	
1	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	27a I certify that (I) (this hasp saw the deceased alive a abave, (I) (we) (did) (did n 221 SIGNATURE)	19	19 87 . ar	nd that in (my) (aur) apinian d DEGREE MS. S. C. ATTENDING PHYSICIAN		111187
	220 PHYSICIAN'S NAME (TYPE TOHN GR	ORPRINT)  ANT		22e ADDRESS 600 N	N. WOLFE ST. E	BALTO. MD. 21205
	230. BURIAL, CREMATION, REMOVA	Jan. 7, 1987	Gdns. o	EMETERY OR CREMATORY  f Faith	Bat timore	Maryland STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL OR

BP.

24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE JAN 5 1987 Julia Designation

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ATTENDING PHYSICIAN The low

TO HOSPITAL

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retained by the hospital or attending physician.

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	CEASED NAM

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

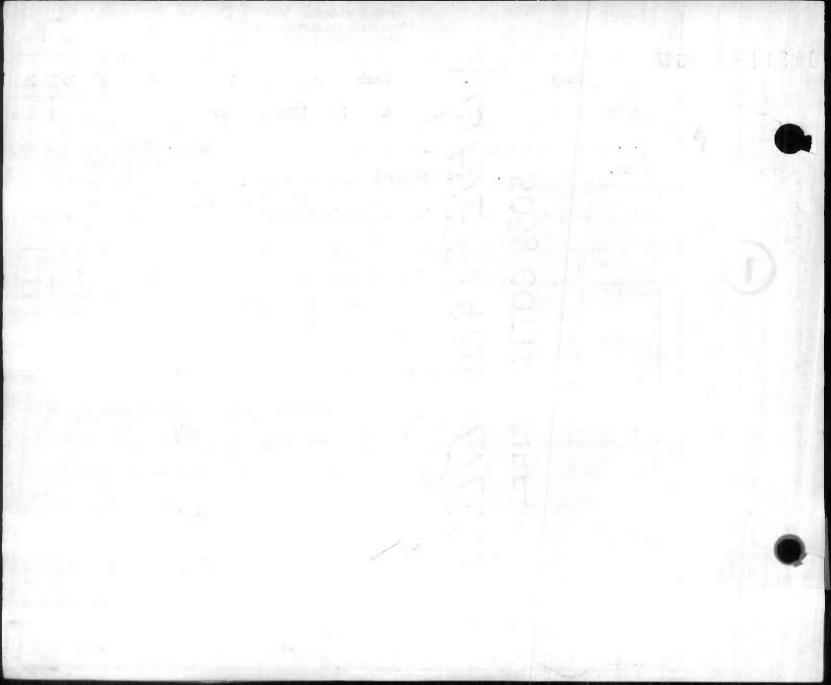
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TF.	OF DEATH		0.44	N/L + D	Tai	

	(TYPE C	EASED NAME	FIRST	Law	rence	l.	AST		20 DATE	OF DEATH	MONTH	DAY	YEAR	26 HOU	R
			Harry		L.	La	-	Jr.	1		26		87	1:30	
	3. SEX		3.1	4. RACE		5. DATE C		YEAR	6. AGE (II	YEARS LAST BE	RTHDAY)	MONTHS	DAYS	HOURS	21 HR
100		Male			W hite		19	1908		78	YRS.				****
163		THPLACE (STAT	E OR FOREIGN	76. CITIZEN O	F WHAT COU	INTRY? 8	D NEV	R MARRIED	9. BALTIM	ORE CITY	OR COUNT	Y OF DE	ATH		
10		N.J.		U.	S	WIDOWE	DK	DIVORCED [	)	B <sub>2</sub> 11		_			1
10		Balto.	DEATH	LIF NOT IN SI	UCH FACILITY, GIV	NURSING HOME C	OR OTHER I	NSTITUTION		L OCCUPAT ORK FOR MOST	OF WORKING L		USTRY	F BUSINE	22 C
1						Hospital			Bro	ker		Re	al I	Estat	e
36	13a S1	I RESIDENCE (# Md.	LIN COUN	OTHER INSTITUTION	13t. CITY O Balt		13d. INSID	E CITY LIMITS?	13e STREET	ADDRESS Glenr	ZIP COD ay Dr	ive	212	228	
	14 FA1	THER'S NAME	Winds.				15. MOTH	ER'S MAIDEN N	AME						
03		Harry		rence		ck	Ella	FIRST		WIDDLE	Pr	etty	man	1	
8	16a W	AS DECEASED E			166 SOCIA	AL SECURITY NO.	17 INFOR			ADDR					
2	(1)	ES NO OR UNKNOWN	(IF YES, GIV	E WAR OR DATES)	165-	01-3036	Mr	. Harry	L. 108	ck Ba	1tGle				
-		18 CAUSE OF D	EATH (Enter on	ly one cause p	er fine far (a),	(b), and (c)	1.		Alexander	.+		BI	APPROXI	MATE INTER	V AL DE AT
		PAKI I. DEAI	H WAS CAUSE	E CAUSE (o)_	Con	MODEL	Mun	isix	TYVI	USI			imm	100	
2					OP AS A COR	NSEQUENCE OF									
1		Conditions, if	any which	( , ,		rca te	Re	No. 6	Fail	ure					
9		gave rise to	immediate	) (0)_											
		couse (a), s		DUE TO,	OR AS A CON	NSEQUENCE OF									
+		underlying c	ouse last.	1	4.1	/	>	d Du	chy De	n too	. )				
or other				(c)_		os volen		# DE	Chypr	a for		VEN IN P	APT 1		
ijury, ar ath	NO			-	CONTRIBUTIN	OG Vale A	NO1 RELA	TED TO THE TER	MINAL DISE			VEN IN P	PART 110		
ny injury, ar ath	ATION	PART 2 OTHER	SIGNIFICANT O	ic (	CONTRIBUTION S	OS VO/e A NG TO DEATH BUT	NOT RELA	m		SE OR COM	NDITION GI			GS USE	
vs any injury, ar ath	FICATION	PART 2 OTHER	SIGNIFICANT O	196. CON	CONTRIBUTION FOR	OS VO/E A  NG TO DEATH BUT  SYN  WHICH OPERATIO	NOT RELA DO N WAS PE	m	200 AU	ASE OR CONTOPSY?	20b. IF YE	S, WERE	FINDIN	GS USEL	H?
shows any injury, ar ath	ERTIFICATION	PART 2 OTHER  C  19a DATE OF OP	SIGNIFICANT OF	196. CON	CONTRIBUTION  TO A  DITION FOR  TO NEW	OS VO/E A  NG TO DEATH BUT  SYN  WHICH OPERATIO	NOT RELA DON N WAS PET	RFORMED	20a AU	TOPSY?	20b. IF YE	S, WERE	FINDIN	GS USEI	H?
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der Item 18 shaws any injury, ar ath		PART 2 OTHER  19a DATE OF OP  21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCC	SIGNIFICANT OF SIGNIF	196. CON MACH 216. TIME HOUR 3) 218 PLACE	ONTRIBUTION  OF INJURY  A.M. MONTE	OG VOLENTE BUT  SYN WHICH OPERATIO  TH DAY YEAR  19	NOT RELA DO N WAS PET 21c. HOV	PRFORMED  VINJURY OCCU	20a AU	TOPSY?	20b. IF YE IN CERT Y URY IN ITEM 18	S, WERE FYING C ES PART I OR I	FINDIN	NGS USEL OF DEAT NO	H?
rked or Item 18 shaws ony injury, ar oth	CAL	PART 2 OTHER  19a DATE OF OP  21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTHEY) 21d INJURY OCC	SIGNIFICANT C	196. CON MACH 216. TIME HOUR 3) 218 PLACE	ONTRIBUTION  OF INJURY  A.M. MONTE	OG VO PER TION OF THE DAY YEAR	NOT RELA DO N WAS PET 21c. HOV	RFORMED  VINJURY OCCU	20a AU	TOPSY? NO TOPSY	20b. IF YE IN CERT Y URY IN ITEM 18	S, WERE FYING C ES PART I OR I	FINDING AUSES	NGS USEL OF DEAT NO	H?
, morked or Item 18 shows ony injury, or oth	MEDICAL	PART 2 OTHER  190 DATE OF OP  210. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOISEY) 21d INJURY OCL	SIGNIFICANT OF SIGNIFICANT OF SUNDERLYING CAUSE OF DEAL EXAMINER COURRED	19b. CON MA  21b. TIME HOUR  21b. PLAC (AT HOME.	CONTRIBUTING  OF INJURY  A.M. MON'  P.M.  E OF INJURY  STREET, FACTORY,	OFFICE FARM, ETC.)	NOT RELA DO N WAS PET 21c. HOV	RFORMED  VINJURY OCCU	20a AU	TOPSY? NO TOPSY	20b. IF YE IN CERT Y URY IN ITEM 18	S, WERE FYING C ES PART I OR I	FINDING AUSES	NGS USEL OF DEAT NO	H?
21 is marked ar Ifem 18 shaws any injury, ar ath	MEDICAL	PART 2 OTHER  19a DATE OF OP  21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCT  WHILE TWORK IN SOW the de	SIGNIFICANT OF SIGNIF	19b. CON MA 21b. TIME HOUR 10 21e PLAC (AT HOME.	OF INJURY A.M. MON' P.M. E OF INJURY STREET, FACTORY,	NG TO DEATH BUT  S WHICH OPERATIO  TH DAY YEAR  19  OFFICE FARM, ETC.)	NOT RELA DON N WAS PER 21c. HOV	RFORMED  VINJURY OCCU	YES TIRRED (ENTER	TOPSY?  NO D  NATURE OF INJ	20b. IF YE IN CERT Y URY IN ITEM 18	S, WERE FYING C ES PART LORI	FINDIN AUSES	OF DEAT	H?
em 21 is marked ar 19em 18 shaws any injury, ar ath	MEDICAL	PART 2 OTHER  19a DATE OF OP  21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCT  WHILE TWORK IN SOW the de	ERATION  SUNDERLYING  CAUSE OF DEA  MEDICAL EXAMINER  CURRED  OF WHILE  OF (I)	19b. CON MA 21b. TIME HOUR 10 21e PLAC (AT HOME.	OF INJURY A.M. MON' P.M. E OF INJURY STREET, FACTORY,	NG TO DEATH BUT  SYN WHICH OPERATIO  TH DAY YEAR  19 OFFICE FARM, ETC.)  I from 12  19 0, or	NOT RELA DON N WAS PER 21c. HOV	REFORMED  VINJURY OCCU	YES TIRRED (ENTER	TOPSY?  NO D  NATURE OF INJ	20b. IF YE IN CERT Y URY IN ITEM 18	S, WERE FYING C ES  PART I OR I  COL  19	FINDIN AUSES	NGS USEI OF DEAT NO	H?
Hem 21 is marked ar Hem II	MEDICAL	PART 2 OTHER  210. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 21d INJURY OCT  WHILE NOTIFY 22a I certify the sow the de obove, (1) (v)	ERATION  SUNDERLYING  CAUSE OF DEA  MEDICAL EXAMINER  CURRED  OF WHILE  OF (I)	19b. CON MA 21b. TIME HOUR 10 21e PLAC (AT HOME.	OF INJURY A.M. MON' P.M. E OF INJURY STREET, FACTORY,	NG TO DEATH BUT  S WHICH OPERATIO  TH DAY YEAR  19  OFFICE FARM, ETC.)  I fram  19  7  19  7  19  7  19  7  19  7  19  7  19  7  19  7  19  7  19  7  19  7  19  7  19  7  19  7  19  7  19  8  19  19  19  19  19  19  19  19	NOT RELA  NOT RELA  NOT RELA  1 210 CO  211 LOC.  S1  DEGREE	ATION REET  ATIENDING	ZOO AU YES  IRRED (ENTER  An death occur  MEDICA	TOPSY?  NO TOPSY?  NO TOPSY?  NATURE OF INJ	20b. IF YE IN CERT Y URY IN ITEM 18	S, WERE FYING C ES  PART I OR I  COL  19	FINDIN AUSES PART 2) UNITY	NGS USEI OF DEAT NO	H?
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Hem 21 is marked ar Hem II	WEDICAL	PART 2 OTHER  19a DATE OF OP  21a. ACCIDENT WA OR CONTRIBUTING (IF ETHER. NOTHY 21d INJURY OCI WHILE SOW the de obave, (1) (v  22b. SIGNATURE  22d. PHYSICIAN  URIAL, CREMATI	SIGNIFICANT OF SIGNIF	218 PLAC (AT HOME:  tal) offended  tal) offended  218 PLAC (AT HOME:  tal) offended  228 PRINT)	CONTRIBUTING  OF INJURY  OF INJURY  STREET, FACTORY,  the deceased dy ofter death	NG TO DEATH BUT  SYN WHICH OPERATIO  TH DAY YEAR  19 OFFICE FARM.ETC)  I from // 2  19 7	NOI RELA  POS  N WAS PEI  211 LOCA  S1  DEGREE  POS  222 ADD	ATION REE1  ATTENDING PHYSICIAN RESS  OR CREMATORY	ZOO AU YES  IRRED (ENTER  MEDICA DIRECTO	TOPSY?  NO DO NATURE OF INJ  CITY OR 1  CATION  CATION	20b. IF YE IN CERT Y URY IN ITEM 18 OWN date and ha	S, WERE FYING CES DEPART TORI	PART 2)  UNITY  C DATE	NGS USEI OF DEAT NO [	H?

Balto., Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

State Anatomy Board



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

STATE OF MARKIERING		
PEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	1 REC

			STATE OF MARYLA	ND				
FOR STATE REGISTRAR		DEPARTMENT	OF HEALTH AND N	ENTAL HYGI	IENE 8 / REG. NO	0 1	3	0 2
CEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
E OR PRINT)	seph Michae	el Lanasa	, Sr.			1 31	87	11:204.
1 SEX	4 RACE		DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
Male	Whi	te i	July 17, 1	932	54	YRS.	DATS	HOURS MIN.
To. BIRTHPLACE (STATE OR FO	REIGN 76. CITIZEN OF	WHAT COUNTRY? 8.			9. BALTIMORE CITY O		DEATH	
Maryland		S.A. WI		ORCED [	Baltimore	.md. / 13	3, Ct	MD.
Baltimore	Union	HOSPITAL, NURSING HOSPITAL, NURSING HOSPITAL HOSPITAL H	Hospital	TUTION	126 USUAL OCCUPATION OF STREET STREET STREET STREET	F WORKING LINEL IN	DUSTRY	BUSINESS OR
USUAL RESIDENCE (IF NURSIN	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMI	ssion) 13d INSIDE CI	TY HAITS?	13e STREET ADDRESS	/ ZIP CODE		
Maryland	Harford	Baldwin	YES [	KON	2719 Park	Heights	Driv	re, 21013
14 FATHER'S NAME	MIDDLE	LAST		MAIDEN NAM	ΛE			
Michael	P.	Lanasa		Grace	M.	Br	ocato	>
160 WAS DECEASED EVER IN		16b. SOCIAL SECURITY			ADDRE			
(YES, NO OR UNKNOWN)	Korean	213-28-060	06 Mrs. Ma	argaret	T. Lanasa	. same a	s #13	6
LIN CANCE OF DEATH	(Enter anly one cause per			7-1		, same a		AATE INTERVAL NSET AND DEATH
190 DATE OF OPERATION	diate the DUE TO, O (c) (c)	R AS A CONSEQUENCE  ONTRIBUTING TO DEAT	H BUT NOT RELATED		200 AUTOPSY?	20b. IF YES, WE	RE FINDING	GS USED OF DEATH?
210. ACCIDENT WAS UNDE		E INTHIDY	21, HOW IN	LIPY OCCUPE	YES NO DE LE	YES [	000.0101	NO 🗆
	USE OF DEATH, HOUR A	M. MONTH DAY	AL VB	A	CD (ENTER NATURE OF INJUI	RY IN ITEM IS PART TO	OKPANI 2)	
OR CONTRIBUTING CA	D NA 21e PLACE	OF INJURY REET, FACTORY, OFFICE, FARM F	211 LOCATIO	N	CITY OR TO	wn (	COUNTY	STATE
saw the deceased	his haspital) attended the valive an attended to the last of the l	1987	, and that in (fix)	, 19 <u>87</u> aur) apinian d	, tadeath accurred an the do		from the co	
	Y. for	U		TENDING HYSICIAN [	MEDICAL STAT		./31/	87
22d. PHYSICIAN'S NAM	NE (TYPE OR PRINT)		22e ADDRESS				/ /	
Llewlly	Kitchen, M	I.D.	Unic	n Memo	rial Hospit	tal		
230. BURIAL, CREMATION, R	23b. DATE 2-2-8		of CEMETERY OR C		23d LOCATION CITY OR TOWN		UNTY	STATE
24 FUNERAL DIRECTOR	2 2 0	Dula Dula	ney valle	250 DATE	TIMONII	m. Mary	Land	IDE. John
Ruck Mowson	Funeral Home	, Incores Tows	son, Md. 2126	FE FE	B'3 BY RECISION	Jan Jan Barren	A STANCE	Linance

DHMH - 16 60M 7/84 (VRA 15, 4)

results - American in page.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the digNI Territicate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the air data this and completely filled in by the furnishing in the furnishing should be detached for use as the build-transit permit. Then please remonant manages and 2 should be filled within 77 airs after death with the State Dept. of Health and Mental Hygene prior to burial, cregating attended.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other training angular angular and a second a second and a second a second and a second a second and a second a second and a second a second and a second a second and a second a second and a second a second and a second and a second and a second and a second a second and a second a second and a second a second a second and a second and a second and a second and a second a second a second a second a second and a second a seco
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1 4 4 JAN 25	07	STATE REGISTRAR			DEF		ICATE OF DEATH		8 / REG. N	0	3	US
		EASED NAME	FIRST	٨	MIDDLE	(	AST	20	. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
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moy.	3. SE)		4.	RACE		5. DATE C		6.	AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
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within	10 CI	TY OR TOWN OF DEAT	н 11	NAME OF H	HOSPITAL, NU	JRSING HOME	OR OTHER INSTITUTIO		IS USUAL OCCUPAT		125. KIND OF	BUSINESSOR
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nd condicol		AS DECEASED EVER IN	U.S. ARME			SECURITY NO.	17. INFORMANT		ADDRI			
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ior tred	CERTIFICATION	19a DATE OF OPERATIO	ON.	19h CONDI	ITION FOR W	HICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?	Joh IF YES	WERE FINDING	25 LISED
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RECT RECT red fr	-	22b. SIGN A Unit	[[did not]]	ew the body	after death.		DEGREE				22c DATES	
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-				STAT	E OF MARYLAND						
	1 -	FOR STATE REGISTRAR	DE		HEALTH AND MENTAL HYGIE FICATE OF DEATH	NE 8 7 <sub>REG. NO.</sub> 0 1	304				
		BABY BO		am NCASTER	LANCASTER	JANUARY 13, 1987	12;50A M				
2500	3. SE)	Ma le	4 RACE White	5 DATE (			INDER LYEAR OF UNDER 24 HRS OTHS DAYS HOURS MIN				
5	I	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland TY OR TOWN OF DEATH	U.S.A.  11. NAME OF HOSPITAL, N	MARRIE WIDOW	DI NEVER MARRIED LA BED DIVORCED BOR OTHER INSTITUTION	BALTIMORE CITY OR COUNTY OF BALTIMORE CITY  20. USUAL OCCUPATION	MD.				
-		LTIMORE	THE JOHNS	HOPKINS		(TYPE OF WORK FOR MOST OF WORKING LIFE)  Chi 1d .	Baby				
5	130. S Ma1	ryland Fred	NTY 13c. CITY O		YES NO K	30.STREET ADDRESS / ZIP CODE 6144 Mount Phill	lip Rd., 21701				
10	FA	THER'S NAME FIRST  John	E. Lancas		IS. MOTHER'S MAIDEN NAME FIRST Judy	WIDDLE	Gay				
2			RMED FORCES? VE WAR OR DATES) NOTE NOT	L SECURITY NO.		Lancaster 6144 M ck, Md. 21701					
	S NEW	Due to, or as a consequence of full gover rise to immediate couse (a), stating the Due to, or as a consequence of Due to, or									
	NC	6 days									
2	RTIFICATION	1/12/87.	196 CONDITION FOR	Arten'os			VERE FINDINGS USED IG CAUSES OF DEATH?				
9	ICAL CERT	?10. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	H DAY YEAR		D (ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2)				
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
		Test certify that (1) this hospital ottended the deceased fram 19 19 19 19 19 19 19 19 19 19 19 19 19									
,		Peter S  22d PHYSICIANS NAME ITYPE	G reene	M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/13/87				
/		Peter S	. Greene		Johns Hopkins		one Mayland,				
		BURIAL, CREMATION, REMOVAL BUR ail			ivet Cemetery	Frederick, Fr	ederick, Md.				

14 FUNERAL DIRECTOR Smith, Keeney & Basford Funeral Homes. Date REC'D. By REGISTRAR'256 REGISTRAR'S SIGNATURE 106 East Church St., Frederick, Md. 21701 AM 10 1087

DHMH - 16 60M 7/84 (VRA 15, 4)

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911	OSPITAL OR ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours after death. In the loagusts in attending physician.	INTRAL DIRECTOR. After this certificate has been signed by the attending of Fagon and Completely filled in by the fundal of
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	1.	FOR STATE REGISTRAR	DEPARTA	CERTIF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 KEG. NO.	0 1 3	0 5
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THE SECOND	13a S	Md.	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 130. CITY OR TOW Balto.		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / Z 3819 Beeh 1		21215
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pn and pn and page page page page page page page page		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 215-24-0		Connie L. Bl	ackwell 381	9 Beehler A	AVE.
requires that the attends in vigned by the attends Than please remove and injury, or other traumate	NOI	Canditions, if ony, which gove rise to immediate cause (a), stofing the underlying couse last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO E	nce of	NOT RELATED TO THE TERMI	inal disease or condi	TION GIVEN IN PART 1:	o
The fav.	RTIFICAT	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		20b. IF YES, WERE FIND!I IN CERTIFYING CAUSES YES []	
o physical or physical certifican of from med Hyg nem 18 s	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	Y YEAR	21s HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY I	IN ITEM 18 PART   OR PART 2)	
afferding the flow of the flow	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F.	ARM ETC)	ZII LOCATION STREET	CITY OR TOWN	county C-7	STATE
STENDS A CTOR A No one of Health	H	saw the deceased alive on	ital) attended the deceased from 19	7.0	nd that in(my) aur) apinion d	death occurred on the date	and hour and from the	that (I) (we) lost couses stated
AL OR John Coll Dille Coll Dille Coll Dille Colle Dispired on Colle Dispired College Colle		224 SIGNATURE	Vajoner, M			MEDICAL STAFF DIRECTOR   PHYSICIA		SIGNED 7
O HOSPI normed to O PUNE hould be out the St		274 PHYSICIANS NAME (HALO			2435 W.	BENDOOKE	AVE BA	170 MD 2/2
BP	(	Burial, CREMATION, REMOVAL			EMETERY OR CREMATORY Mem. Pk.		eounty Md	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 Ft	UNERAL DIRECTOR  Wiff C March F/	'H West 4300° Wa	bash	Ave.	15 08 1987 RARY	H REGISTRAL LEIGHAL	rustianni



	16A	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 / REG. NO.	1306
	1 J T VALLED	I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	2 63	600	rge F	Lank ford	1-14	4-87 755 M
	on de la	1 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNGER 24 HRS
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	4 90 163	A HILLIAPLACE IS TO OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	
		Maryland  III ITY OR TOWN OF DEATH	U.S. A.	WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	Balti. Cit	
10	1 12 57	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI  NEVER WORKED	126 KIND OF BUSINESS OR INDUSTRY
ND 212	24 Page 25 Pag		PROTHER INSTITUTION, GIVE RESIDENCE BERGUNTY  A  DITAS	ORE AGMISSION)	130 STREET ADDRESS / ZIP COD	01117
MARYLAND	1002	14 FATHERS NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N.		LAST
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BALTIMORE,	- Popular		GIVE WAR OR DATES)	44 - 1 - 1	ker 7 St. Paul St	reet 21203
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DIVISION OF VITAL RECORDS	CLAN.	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM TB	PART I OR PART 2}
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	OR - ho OR - h	226 SIGNATURE	11 1. 141	DEGREE	AMEDICAN STAFF	22c. DATE SIGNED
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	T 0 0 0 5 5	- LIU, -	ec Win	225, GM	erne St, Bal	timore Moi 2121

231. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

23d LOCATION

Baltimore

BALTIMORE Maryland
BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1987 Julia Dieden

DHMH - 16 60M 7/84

(VRA 15, 4)

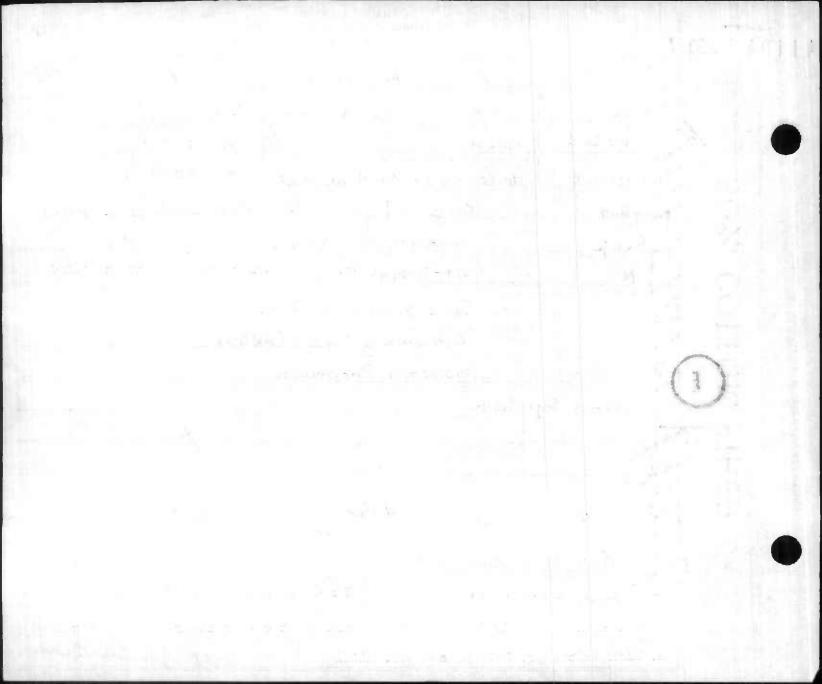
230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

1/16/87

A. Alan Seitz, Jr. 3818 Roland Ave. 21211



Then plear

for use as the burial-transit permit. of Health and Mental Hygiene prior

or Item 18

CERTIFICATION

MEDICAL

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rector page 3 urs after death

FOR STATE 7 REGISTRAR DECEASED NAME

Female To BIRTHPLACE ISTATE OF FOREIGN

ID. CITY OR TOWN OF DEATH BALTIMORE

USUAL RESIDENCE (IF NURSING HOME OR CO. 138. STATE 136 COUNT

Antonio 160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN)

> 18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED

Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CO

NOT WHILE 22a | certify that (1) (his haspite

190. DATE OF OPERATION

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(TYPE OR PRINT)

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Md. 4. FATHER'S NAME

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		DEF	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8	REG. NO	0	Į	3	0	1		
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	4. RACE Caucasian			5. DATE OF BIRTH  MONTH  OCT. 11. 1908		ARS LAST BIRT	HDAY)	MONTH	ER T YEAR		R 24 HRS MIN.		
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86 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

2/2/87

sow the deceased alive on, abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE

DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OF PRIN FINNEY 22e ADDRESS JOHNS HOPKINS HOSPIAM

23a BURIAL, CREMATION, REMOVAL Burial

231. NAME OF CEMETERY OR CREMATORY Sacred Heart of

MO

23d. LOCATION

24 FUNERAL DIRECTOR

Joseph N. Zannino, 263 S. Conkling St.

Jesus, Baltimore.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

should be detached with the State Dept.

 $\pm$ 

MPORTANT

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nerol director, page 3 in 72 hours ofter death

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	4
CERTIFICATE OF DEATH	-

Ah-	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL HYG ICATE OF DEATH	0 /	O. NO.		3	U S	
	CEASED NAME E OR PRINT)	OHN	7	E.	LA	WRENCE	20 DATE OF DEAT	H MONTH	DAY //	87	26 HOUR	ISM M
3. SE	Male		RACE Wh	ite	5. DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTH	DER I YEAR	HOURS /	MIN.
	RTHPLACE (STATE OR F COUNTRY)  Md.	OREIGN 7	b CITIZEN OF		MARRIE WIDOWE	DENEVER MARRIED DIVORCED	BALTIMORE CIT		NTY OF E	EATH		MD.
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14. FA	THER'S NAME FIRST  Joseph		NIDDLE ICC	Lawrer	ice	Margare	t MIDD	lay	8	Ĥ	ill	
	MAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	213-	05-9721	Mr. Charle	es R. Law	rence	3004	Wes	tfield	d Av
	18. CAUSE OF DEATH PART I. DEATH W	'AS CAUSED IMMEDIATE	BY: CAUSE (0)	A AS A CONS	bi, and (ci.) hoch / pr SEQUENCE OF MESENTE	sofound brad	yrardin			APPROXIBETWEEN (	MATE INTERVA	
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF abdominant and admission								ior			
MEDICAL CERTIFICATION	PART 2. OTHER SIGN  190 DATE OF OPERAT  12/27  710. ACCIDENT WAS UND OR CONTRIBUTION OR CONTRIBUTION (IFE MER NOTIFY MEDI 71d. INJURY OCCURE WHILE NOT WAT WOR  270. I certify that (I) sow the decease obove, (I) (we) (c 77b. SIGNATURE  77d. PHYSICIAN'S NA  MCOO  BURIAL, CREMATION,	DERIVING DEALSE OF DEAL CALE FRAMINER)  THE CONTROL OF THE CONTROL	21b. TIME O HOUR A.I.  21e. PLACE (AT HOME STR VIEW the body	FINJURY M. MONTH  TO FINJURY  EET FACTOR OF	THICH OPERATION OF THE PROPERTY OF THE PROPERT	N WAS PERFORMED  7 COMPLY TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL	700 AUTOPSY? YE NO NO NOTE OF ATURE OF CITY OF	IN CER	YES, WE RTIFYING YES WITH PARTICULAR TO THE PART	RE FINDING CAUSES OR PART 2) COUNTY If from the	STAIL	o) lost
	Burial	KEMOVAL	Jan. 1	5,1987		nd Mem.	Baltim	bre	COL	unty Md	STAT	re.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendishould be detached for use as the buriol-transit permit. Then please remove conwith the State Dept' of Health and Mental Hygiene prior to burial, crematian, a

etoined by the hospital or ottending physician.

BP.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

14 FUNERAL DIRECTOR
Lewhard J. Ruck Inc. Baltimore, Maryland

25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

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Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Md. 20852

DHMH - 17 (VR A15 ME (5))

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rant locate in the graph of the locate



FOR STATE

vector, page 3 wrs ofter death

medical

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other traymoric event, TO FUNERAL DIRECTOR. After this certificate hos been signed by the aftern should be detached for use as the burial-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, cremajian.

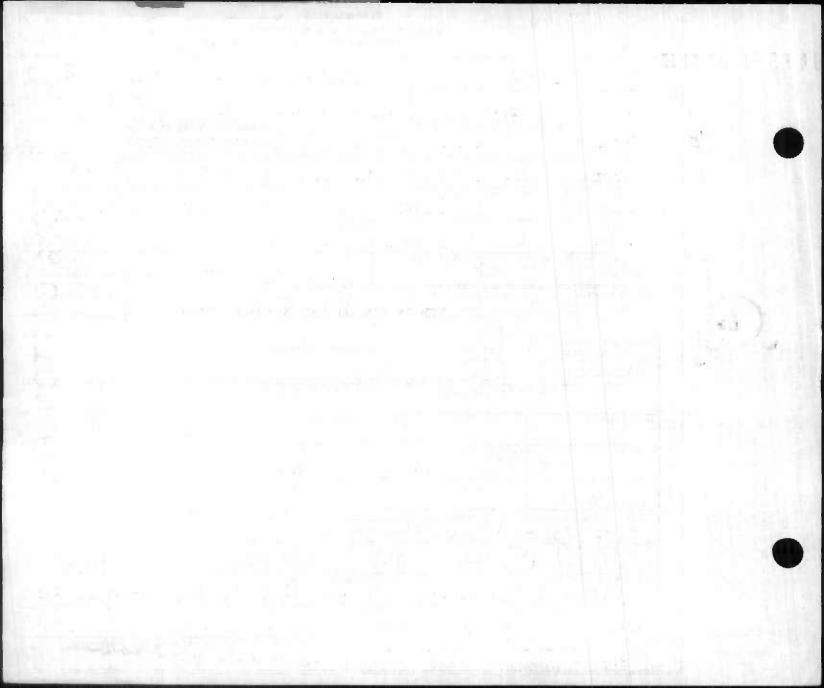
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

3 /RE	G. NO.	0	! 3	- 1	1
TE OF DEA	TH MON	TH DA	Y YEAR	2b H	OUR
NUARY	12,	1987		19	12(A)
				-	10.10

	0.7	REGISTRAR				CENTIN	ICAIL OI DEATH		RE	G. NO.			1
		DECEASED NAME FIRST MIDDLE			LAST			20. DATE OF DEATH MONTH DAY YEAR 25 HOUR					
		IRVIN-G				LEBOWITZ			12, 1		917	a(Am	
	3 SEX		4 F	RACE	GT AV	5. DATE C		100	GE (IN YEARS L	AST BIRTHOAY]	MONTHS DAYS	HOURS	R 24 HRS
	7. 01	MALE RTHPLACE (STATE OR FE		CAUCA			NUARÝ 1, 19		82	YR			
,		RTHPLACE (STATE OR FO	OREIGN /b		WHAT COUNTRY?	MARRIE	D NEVER MARRIED			ORE CI	TV		
		TY OR TOWN OF DEA				WIDOWE G HOME C	DIVORCED  OR OTHER INSTITUTION		USUAL OCC		126 KIND	OF BUSIN	MD.
45		BALTIMO			BELVEDE			(TYP)		NOST OF WORKIN	G LIFET INDUSTRA		
10	USU /	AL RESIDENCE (IF NURSI	NG HOME OF OTH	ER INSTITUTION	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS	\$2 112.5	TPEET ADDE	DESS / 7IP CO	Z121		
0		ARYLAND	150 COOTT	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW	BALTIMO	RE	YES NO	2	500 BE	LVEDER	E AVE.,	APT.	708
	14 FA	THER'S NAME	MIDE	DLE	LAST		15. MOTHER'S MAIDEN		MID	310	*********	SL	
-	-	ĽÖUIS			LEBOW		RÄCHAI	EL			UNKK		
		VAS DECEASED EVER 1	(IF YES, GIVE WA		166 SOCIAL SECU	RITY NO.	MR . RICHA	ADD I			LLE, MD		
			L.F		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		MR . KICH	HIND L	EBOWII	2 1001		XIMATE INTE	
		PART I. DEATH W.	AS CAUSED B	Υ:	line for (o), (b), one	200 \$	R House F	Fronte	ne - (	HE	BETWEEN	ONSET AND	DEATH
			IMMEDIATE C		SAS A CONSEQUE	Jan Or	NOTION V	COMO	110	0111			
		Conditions, if any,	which (	(b)	R AS A CONSEQUE	NCE OF							
		gove rise to imm couse (a), stating			R AS A CONSEQUE	NCE OF			- 9				94
		underlying couse lost (c)											
	-	PART 2 OTHER SIGN	IFICANT CON	IDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	TERMINAL	DISEASE OR	CONDITION	GIVEN IN PART 1	10	
	TIO	10. DATE OF OBERATION					Lo	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED					
7	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH			A OPERATION WAS PERFORMED			IN CERTIFYING CAUSES OF DEATH?				TH?	
-	ERT	21g. ACCIDENT WAS UND	ERLYING	21b. TIME OF	FINJURY	<u>n</u>	21c. HOW INJURY OCC		ES NO		YES 18 PART I OR PART 21	NO [	
?		OR CONTRIBUTING C	AUSE OF DEATH		M. MONTH DA	Y YEAR	N.	A	e i i e i i i i i i i i i i i i i i i i	, , , , , , , , , , , , , , , , , , , ,	70 - 100 - 100 - 100 - 17		
	MEDICAL	21d INJURY OCCURR		21e PLACE C	OF INJURY		211. LOCATION	/4 \					
	W	WHILE NOT WHI	RE	(AT HOME, STRI	EET, FACTORY, OFFICE, FA	RM ETC )	STREET	V.A	CITY	OR TOWN	COUNTY	9	STATE
		220.1 certify that (1)	(this hospital)			2		14.	10. 1-	9	. 19 8	that (1) (	we) lost
		sow the decease above, (1) (we) (d	d alive onid) (did not) vi	ew the body	1911	, or	nd that in (my) (our) opin	nion death	occurred on	the date and l	hour and from the	couses ste	oted
		226. SIGNATURE	001	01	0.	MA	DEGREE	10 /11	DICAL	STAFF	22c DATI	SIGNED	
		1 Vel	M M	. July	the state of	1110	ATTENDING PHYSICIAN		DICAL ECTOR   PI	STAFF HYSICIAN	113	187	
		22d. PHYSTCIAN'S NA	ME (TYPE OR PRI		hamTa		22e ADDRESS	1 1	1+. 1	111-	QIT.	1	1712
_	22 0	MICHA	SO IN.				1 0000	ark t	115	ONE-	WILLIACO	16 V	14/5
		URIAL, CREMATION, F BURIAL	REMOVAL 2	1/13/			EMETERY OR CREMATOR	100	CITY OR TO	WN	COUNTY	5	51 ATE
		INERAL DIRECTOR S	OL LEV	TNSON	& RROS T	NC	MENS CIRCLE		D. BY REGIS	TMORE	MSTRAR'S SIGNA	MD	
		010 REISTE					AAA	120	1987	Julia de	Carones Com	Print.	
1		OTO KETSTE	NO LOWIN	NU. D.	ALL INUKE,	MARII	AND ZIZIB					-	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR - STATE REGISTRAR

20 DATE OF DEATH

1 to 1.0	III TA CON SED IN WILL				TO DAIL OF DEATH			ZU HOOK A
	(TYPE OR PRINT)	as.	I	LEE	JANUARY	31, 1	1987	12:11,
2/	3 SEX	4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		F UNDER TYEAR	IF UNDER 24 HRS
K	MALE	BLACK	JULY	15, 1923	63	YRS.	DNIHS DAYS	HOURS MIN.
570	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  NORTH CAROLINA	76 CITIZEN OF WHAT CO	DUNTRY? 8	DEVER MARRIED	9. BALTIMORE CITY O	AORE C		M
	10. CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY,		OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST C			DF BUSINESS OF
300	OSUAL RESIDENCE (IF NURSING HOME 136 STATE 136 CO	OR OTHER INSTITUTION, GIVE RESID UNITY 134 CITY	ENCE BEFORE ADMISSION) OR TOWN TIMORE	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS		212	23
20	14 FATHER'S NAME FIRST PAUL	MIDDLE LEE	LAST	15. MOTHER'S MAIDEN NA FIRST MARY			I A5	
medical M		GIVE WAR OR DATES)	21922	17 INFORMANT ABOVE	ADDRI	ESS		
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one cause per line for to SED BY: SATE CAUSE (a) CONC.	liopulmon	ary arrest			BETWEEN	MATE INTERVAL
15.2	Conditions, if any, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A C	Whelming ONSEQUENCE OF	sepsis			21	hrs,

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:01

THE ST STEMMENT			YES TO NOT	IN CERTIFYING CAUSES	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE			,,,,
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn COUNTY	STATI
		E 27 mg	1 2	-017	-

22a.1 certify tho the this hospital attended the deceased from saw the deceased alive on obove, (I) [we] (did) (did not

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

(our) opinian deoth occurred an the date and hour and fram the causes stated 22c DATE SIGNED

Stanley No Nack, MN	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
22d PHYSICIAN SNAME (TYPE OR PRINT)	22e ADDRESS

Stanley D. Drake, MD tastern Ave 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) CITY OR TOWN

2-2-87

20b. IF YES, WERE FINDINGS USED

	24 FUNERAL DIRECTOR
DHMH - 16 60M 7/B4	NAME
(VRA 15, 4)	7 na tom

CERTIFICATION

MEDICAL

TO FUNERAL DIRECTOR:

HOSPITAL

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should be detach with the State De

MPORTANT

19a DATE OF OPERATION

Anatomy Board

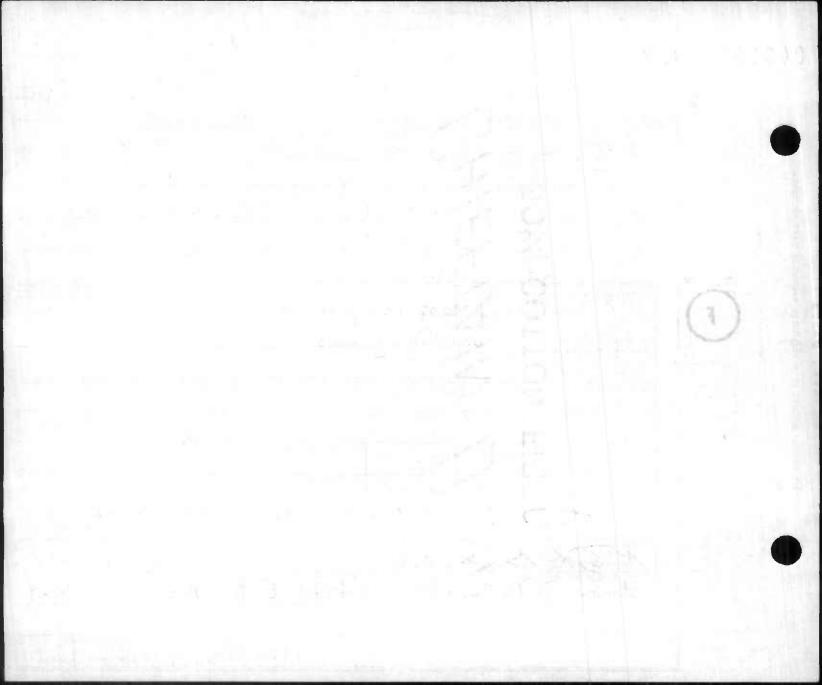
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Balto., Md

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE FEB 0 7 1987 Julia Janden Pa

20g AUTOPSY?

-31-



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DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE	,
CEF	RTIFI	CATE	OF	DEATH		0

	8 / REG. NO.	1	3	1	S
	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOU	JR
	1 ,	0	87	10,5	3A .
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER	R 24 HRS
2	65 YRS.	MONIH	S DAYS	HOURS	MIN.
	9 BALTIMORE CITY OR COUNT		DEATH		

1 estate	WITTE	
BRITHPLACE   121A72 OFFOREIGH COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. M

ARRIED NEVER MARRIEL WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

06

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Dacupul (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

MIDDLE

126. KIND OF BUSINESS OR

20732

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

0	11		- 1
Rad	dem	oul (	il
SUAL RES			

DECEASED NAME TYPE CHIPMINTS

1. SEX

13e STREET ADDRESS / ZIP CODE NO 15. MOTHER'S MAIDEN NAME

Davis

J 056 IN WAS DECEASED EVER IN U.S. ARMED FORCES?

FATHERS NAME

17 INFORMANT

sher MD 22 S. Greene St

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

-IDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),

DUE TO, OR AS A CONSEQUENCE OF

Cogcin

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITS

90 DATE OF OPERATION

Canditions, if any, which gave rise to immediate cause (a), stating the

underlying cause last.

avcisoma KNOW 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO [

COUNTY

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER

PART I. DEATH WAS CAUSED BY

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

NO

CITY OF TOWN

21d INJURY OCCURRED

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

AS A CONSEQUENCE OF

211. LOCATION

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from Declimber 30 86 saw the deceased alive an January 10 above (1) well (did not) view the bady after death. and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated

22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | PHYSICIAN

22d. PHYSICIAN'S NAME

23a. BURIAL, CREMATION, REMOVAL

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

22b. SIGNATURE

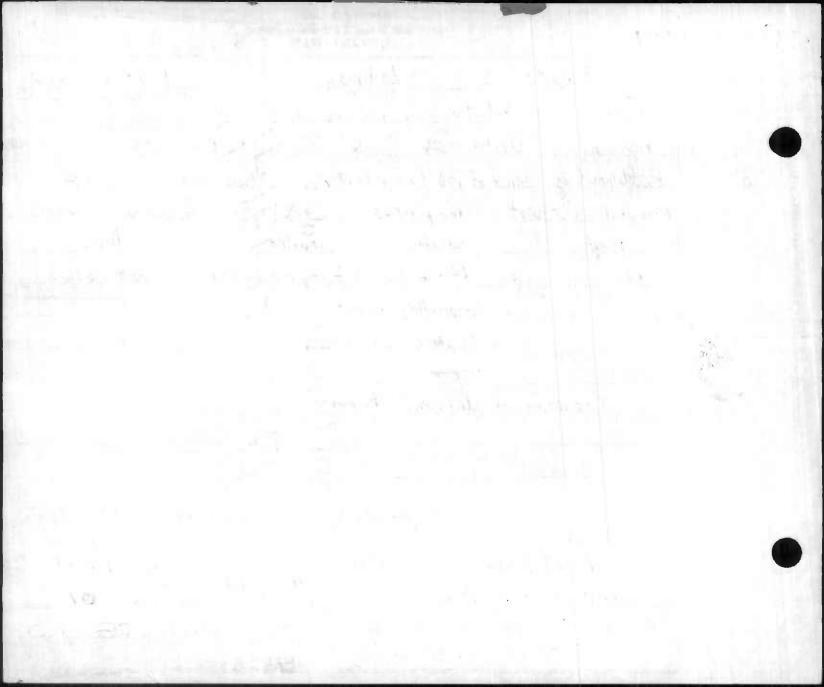
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REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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filled in by the funeral director, page 3 putd be filed within 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	7	0	1	3	1	é
	REG. NO.					

1 29	17	FOR STATE REGISTRAR	DEPARTA		EALTH AND M		ENE 8	REG. NO	0	1	3	1	4
		CEASED NAME FRIST OR PRINT) Hilda	MIDDLE E	Lep	po		20. DATE OF	Jan			987 3	5. но из	Pi
	3. SE	r Female	RACE Cauc.	5. DATE C	t. 4,	1911	6. AGE (IN YE	ars last birt		IF UNDER		F UNDER :	MIN.
25		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? USA	MARRIE WIDOWE	D NEVER M	ARRIED -	Carr				ATH		MI
0	We	stminster	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET. Carroll Cour	ty G	eneral	TUTION	120 USUAL CONTROL OF WORK	FOR MOST OF	WORKING LIF	E) INDL	USTRY  OME	BUSINE	55 OR
60	130 5	AL RESIDENCE IN NURSING HOME OR STATE 136. COUN MD Cari	other institution give residence before 13% city or tow Westmin	N		NO 🖳		DDRESS / 2 Mu:	zip code rkle	Rd,	. 2	115	7
20	Į.	Raymond	G. Markl	_	Mar	IRST V		MIDDLE Bell		GO	b <b>re</b>	cht	;
/		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECU	1226	Emor	и у Е. I	eppo	ADDRES	ss 3 e				
	NO	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE		NOT RELATED	TO THE TERMI	NAL DISEASE	OR CONE	OITION GIV	/EN IN P	ART IIa		
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTO	P5Y?	20b. IF YES IN CERTIF YE		AUSES O		H?
9	MEDICAL CER	216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# EITHER, NOTHY MEDICAL EXAMINER 216, IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH DA	19	211 LOCATION STREET	ury occurr n	ED (ENTERNAT	CITY OR TOV		COU		SI	ATE
		22a I certify that (I) (this haspe	tal) attended the deceased fram_19_10 view the bady after death.		DEGREE  AT	ur) apinion d	MEDICAL	on the da	F	r and fre		GNED	,
1			seibert, D.C	?								/	.40
	23a I	BURIAL, CREMATION, REMOVAL			emetery or co	REMATORY	23d. LOCA	RION	nste:	COUNTY	Y	51	ATE MD

DHMH - 16 50M 4/83 (VRA 15, 4)

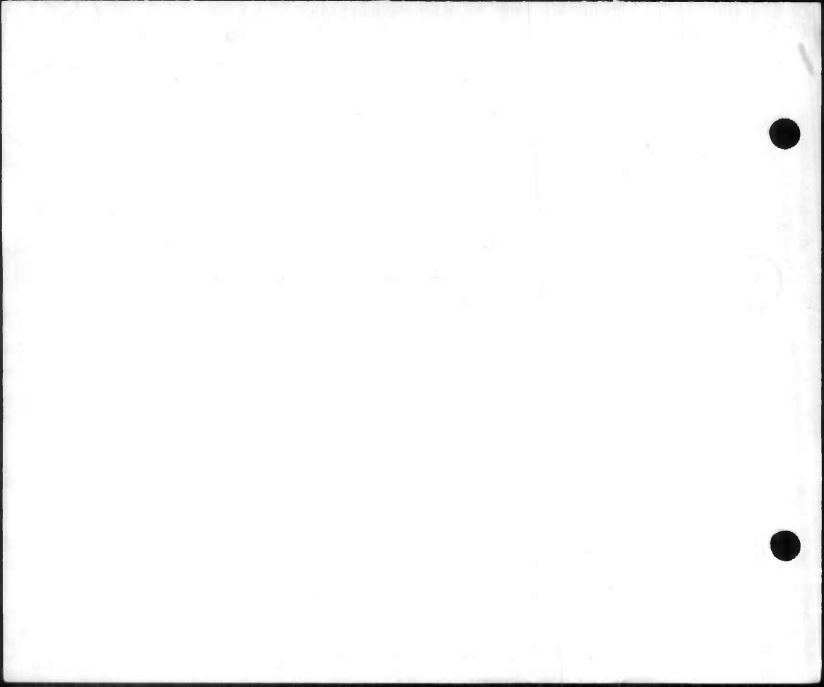
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O HOSPITAL OR ATTENDING PHYSICIAN: The etained by the haspital ar attending physician.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar ather traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending playshould be detached for use as the burial-transit permit. Then please remove carbonpa with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remov

Robert K. Pritts, Sr., Westminster, MD

registrar 25h registrar s signature 1987 Julia Dandon Pardasa 250 DATE REPORT



### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO	0	1	3	1	in the
			_		_	_

1	- STATE		CERTIF	ICATE OF DEATH	8 /	0 1	3 !
4	DECEASED NAME FIRST	WIDDLE	i	AS1	20 DATE OF DEATH	MONTH DAY Y	EAR 26 HOUR
	TYPE OR PRINT)	TEC	TROP	7 (17 A D)	Tonuony	16 1097	V
1	FELI	4 RACE	5. DATE C	CCZAR	January		YEAR IF UNDER 24 H
1			MONTH	H DAY YEAR			DATS HOURS M
-	Male BIRTHPLACE (STATE OR FOREIGN	White		t. 22,1930	56	YRS	
7/0	COUNTRY)		MARRIE	NEVER MARRIED	9 BALTIMORE CITY O		I H
	Poland	U.S.A.	WIDOWE		Baltimore		
110	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S		OR OTHER INSTITUTION	128 USUAL OCCUPATE	F WORKING LIFE) INDU	IND OF BUSINESS STRY
1	Baltimore	3606 White.			Ret Car	rpenter	
1	SUAL RESIDENCE (IF NURSING HO)	OUNTY 136. CITY OR		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	
2	Maryland	Balti		YES 🔀 NO	3606 White		206
14	FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA			
1	Stefan	Leszczai	r	Bronis	awa.	M	alik
16	WAS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS	
L	Yes (IF YE	Peacetime 216-3	6-8644	Mrs. Regin	a Leszczar	Same as #	-
	18 CAUSE OF DEATH (Enter PART ), DEATH WAS CA	USED BY:	ondiciti	r Rivi	The	BET	PPROXIMATE INTERVA WEEN ONSET AND DE
	Conditions, if any, which gave rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR AS A CONS					
100	Conditions, if any, which gave rise to immediate couse ioi, stating the underlying couse loss	DUE TO, OR AS A CONS	EOUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	DITION GIVEN IN PA	R1 Iro
THEFATION	Conditions, if any, which gave rise to immediate couse ioi, stating the underlying couse loss	DUE TO, OR AS A CONS	EOUENCE OF		AINAL DISEASE OR CONI  200 AUTOPSÝ?  YES \( \) NO \( \)	DITION GIVEN IN PA 20b IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED
Centralican	Conditions, if any, which gave rise to immediate couse tot, stating the underlying couse lost	DUE TO, OR AS A CONS  (c)  NT CONDITIONS CONTRIBUTING  196. CONDITION FOR WI  FOR EATH  HOUR A.M. MONTH	EOUENCE OF  TO DEATH BUT  HICH OPERATIO		200 AUTOPSY?	20b IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED USES OF DEATH? NO
CAL CESTISICAL	Conditions, if any, which gave rise to immediate couse ioi, stating the underlying couse loss part 2 OTHER SIGNIFICAL 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING COURRED	DUE TO, OR AS A CONS  (c)  NT CONDITIONS CONTRIBUTING  196. CONDITION FOR WI  FOR EATH  HOUR A.M. MONTH	EOUENCE OF  TO DEATH BUT  HICH OPERATIO  I DAY YEAR  19	IN WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FIN CERTIFYING CA	INDINGS USED USES OF DEATH? NO
CAL CESTISICAL	Conditions, if any, which gave rise to immediate couse to; stofing the underlying couse lost underlying couse lost PART 2 OTHER SIGNIFICAL PART 2 OTHER SIGNIFICAL PROPERTY OR CONTRIBUTING CAUSE CONTRIBUTION CAUSE CONTRIBUTING CAUSE C	DUE TO, OR AS A CONS  (c)  NT CONDITIONS CONTRIBUTING  19b. CONDITION FOR WI  19b. CONDITIO	FFICE, FARM, ETC.)	21c. HOW INJURY OCCUR 21l. LOCATION STREET  19 8 cond that in (my) (our) opinion DEGREE	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death occurred on the do	20b IF YES, WERE FIN CERTIFYING CAYES CAYES COUNTY IN ITEM 18 PART I OR PART I OUT	INDINGS USED USES OF DEATH: NO []  R17)  ITY STAT
Assembly As Contracts	Conditions, if any, which gave rise to immediate couse to!, storing the underlying couse lost underlying couse lost part 2 OTHER SIGNIFICAL PART 2 OTHER SIGNIFICAL PROPERTY OF CONTRIBUTING CAUSE CONTRIBUTION CAUSE CAUSE CONTRIBUTION CAUSE CAUSE CONTRIBUTION CAUSE CAUSE CONTRIBUTION CAUSE CAU	DUE TO, OR AS A CONS  (c)  NT CONDITIONS CONTRIBUTING  19b. CONDITION FOR WI  21b. TIME OF INJURY HOUR A.M. MONTH HOUR A.M. MONTH (AT HOME STREET, FACTORY, OF daspital) attended the deceased free an another of the control of the co	HICH OPERATIO  I DAY YEAR  19  FFICE, FARM, ETC.)  From 8  19  70  70  70  70  70  70  70  70  70  7	211 LOCATION SIREE1  211 LOCATION SIREE1  ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  MEDICAL STAI  DIRECTOR PHYSIC  1334 LOCATION	20b IF YES, WERE FIN CERTIFYING CA YES   RY IN ITEM 18 PART I OR PA  WN COUN  . 19  . 22c. FF. IAN .	INDINGS USED USES OF DEATH? NO []  ITY STAT  that (I) (we
Assembly As Contracts	Conditions, if any, which gave rise to immediate couse ioi, stating the underlying couse lost underlying couse lost 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING OR CONTRIBUTION OF CONTRIB	DUE TO, OR AS A CONS  (c)  NT CONDITIONS CONTRIBUTING  19b. CONDITION FOR WI  21b. TIME OF INJURY HOUR A.M. MONTH HOUR A.M. MONTH (AT HOME STREET, FACTORY, OF daspital) attended the deceased free an another of the control of the co	HICH OPERATIO  I DAY YEAR  19  FFICE, FARM, ETC.)  From 8  19  70  70  70  70  70  70  70  70  70  7	211 LOCATION STREET  211 LOCATION STREET  ATTENDING PHYSICIAN  22e ADDRESS 2926 E. CO  EMETERY OR CREMATORY	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  CITY OR TO  MEDICAL STAI  DIRECTOR PHYSIC  L  23d. LOCATION CITY OR TOWN	20b IF YES, WERE FIN CERTIFYING CA YES   RY IN ITEM 18 PART I OR PA  WN COUN  . 19  . 22c. FF. IAN .	INDINGS USED USES OF DEATH? NO []  ITY STATE  that (I) (we make couses state DATE SIGNED

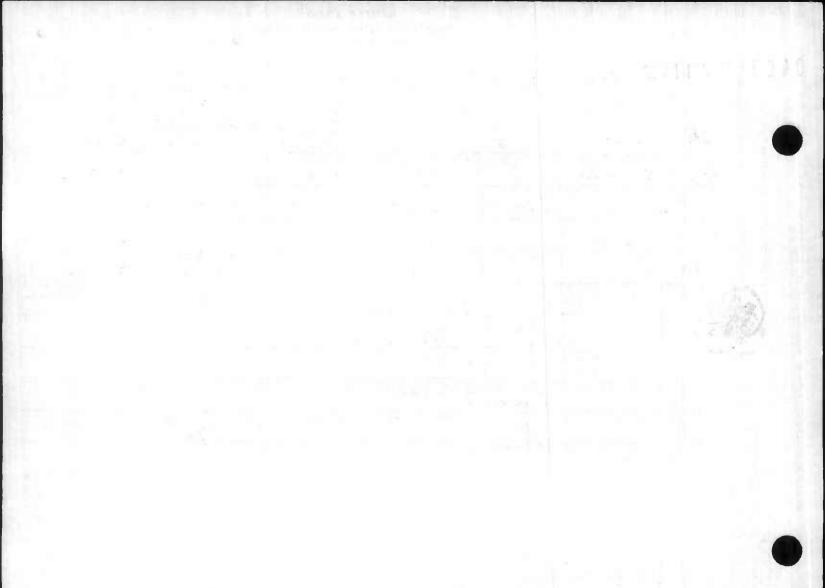
DHMH - 16 60M 7/B4 (VRA 15, 4)

15 CA-125 Allert - Mail Andrew Control of the and the state of t The state of the s

. Programme and appears of source-

					STAT	E OF MARYLAND					
	1-	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. NO	0	3	10	
JAN	I, DE	CEASED NAME FIRST	177	NETTE S	,	VIN		MONTH DAY	YEAR P 7	26 HOUR, 0	
	3. SE	HINNE	4 RACE	MULTE D	5 DATE C		6. AGE (IN YEARS LAST BIRT		UNDER LYEAR	7 P	M
		FEMALE	W	HITE	MONTH 80	PA YEAR	95	YRS.		HOURS MIN	
35	(	RTHPLACE (STATE OR FOREIGN COUNTRY) IARYLAND	76. CITIZEN OF	WHAT COUNTRY	MARRIEI WIDOWE		9 BALTIMORE CITY O	1	E +	٨	AD.
12		Ball mod	(IF NOT IN SUC	SIN A	ET ADDRESS)	HOSPITAL	12d USUAL OCCUPATE (TYPE OF WORK FOR MOST O PRINCIPAL	ON FWORKING LIFE)	BALTO.	E BUSINESS O	
3	130. 5	AL RESIDENCE (IF NURSING HOMESTATE 136 CC	E OR OTHER INSTITUTION, DUNTY BALTO.	GIVE RESIDENCE BEFO 13c. CITY OR TO BALT	ORE ADMISSION) WN IMORE	13d. INSIDE CITY LIMITS?	3508 BONE	ZELDERI	D. #2	SCHOOL:	5
200	14 FA	MORDECIA	MIDDLE	LEVII	N	15. MOTHER'S MAIDEN NAM	MIDDIE.	S	CHLICH	TER	
Medico	16a. V	VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	219-44-		3508 BONFI	ELD RD. BA	JR. LTO., N	MD 2	1208	
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	JSED BY.	4		LMONARY	Acrest		BET WEEN O	MATE INTERVAL INSET AND DEATH	
		IMMED	IATE CAUSE (o)	CARD		LIVIONALT	/+11 CS /				
		Conditions, if ony, which	DUE 10, 0	R AS A CONSEO	LOSEP	515					
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	r as a Conseo	UENCE OF						
mlory, or	NO	PART 2 OTHER SIGNIFICAN	Prev mon		O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVEN	IN PART 110	1	
2	ERTIFICATION	19a DATE OF OPERATION	19b COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, W IN CERTIFYIN YES	VERE FINDING	GS USED OF DEATH?	
9	O	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A.	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AF WORK	21e. PLACE (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE	E, FARM ETC )	211 LOCATION STREET	CITY OR TO	NN /	COUNTY	STATE	
011 51 15		220.1 certify that (1) (this has sow the deceased alive abave, (1) (we) (did) (did	on 01/	07 19	0 7	0 1/02, 19 8 and that in (my) (our) opinion of	7. to O / death accurred on the do	te and hour on		hat (I) (we) la	st
	H	22b. SIGNATURE	mel B	all		ATTENDING PHYSICIAN	MEDICAL STAF	FIAN	224 DATE S	91GNED/ 07/87	,
a l		SAMUEL	PE OR PRINT)	MILL	ER	22e ADDRESS SINA	1 Hospi	771			
	230 B	BURIAL, CREMATION, REMOV BURIAL				EMETERY OR CREMATORY  ORE HEBREW	23d. LOCATION CITY OF TOWN BALT	MORE	OUNTY MAR	YLAND	
/B4	24 FL	UNERAL DIRECTOR SOL	LEVINSON	& BROS	.,INC.		REC'D. BY REGISTRAR				
	6	5010REISTERSTC	WN RD. E	BALTO ADDRESS	MD = 2	1215	1 3 1007	Alia Tion	idion Pr	- lann	1

DHMH - 16 60M 7/B4 (VRA 15, 4)



	<i>h</i> 0.0 mm	1	FOR STATE REGISTRAR				NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	BIENE 8 7	0	13	17
7 1	MAC U D JAN ,	(TYP	CEASED NAME E OR PRINT)	ERIC		LEV TAYON	1	AST LEWIS	JANUARY 14		YEAR	26 HOUR 5;07A M
	ge 4 mo) ectar, po	3. SE	x M		A. RACE B		5. DATE C		6. AGE (IN YEARS LAST BIR		NITHS DAYS	1F UNDER 24 HRS HOURS MIN.
0	nerol di	7a. 8	COUNTRY	FOREIGN	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED K	BALTIMORE CITY O		OF DEATH	MD.
	offiled with	В.	ALTIMORE		THE JO	HEACHUTY, GIVE STREET A	INS H	OSPITAL	120. USUAL OCCUPAT		12b. KIND O INDUSTRY	F BUSINESS OR
	filled in sould be amost be		STATE MD	13b. COUN		134 CITY OR TOWN		13d. INSIDE CITY LIMITS?	13 STREET APPRESS	ÉRICR <sup>DE</sup> A	VE. 2	1223
The same	E S S S S S S S S S S S S S S S S S S S	14. F	KEVIN		AIDDLE	LEWIS		15. MOTHER'S MAIDEN NA LULA EIRST	ME		sci	PIO
J. J.	S S S S S S S S S S S S S S S S S S S	16a.	WAS DECEASED EVER		MED FORCES? WAR OR DATES)	21411326		KEVIN LEWIS	1611E, BIDI		EET	
A STORY SILL BALL	e decih certificate t		Conditions, if ony, gove the 10 im	/AS CAUSED IMMEDIATI , which	BY: E CAUSE (0)	line for to Chil, and	July	falue			BETWEEN C	MATE INTERVAL ONSET AND DEATH
DS, 200 W. F	quires that the	NO	cause (a), stating underlying couse	last.	(c)_	R AS A CONSEQUE	tim	of Great Ver	AINAL DISEASE OR CON	IDITION GIVE	N IN PART 110	mille
AL KECOK	on.  hos been permit permit ows ony in	CERTIFICATION	1% DATE OF OPERA	355			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY YES		
	HYSICIAN: The ding physicial is certificate buriol-transit Mental Hygin or Item 18 should hygin	MEDICAL CE	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM IS PAR	RELORPART 2)	
Ne se	After the os the k	WE	WHILE NOT WE AT WORK AT WO	HILE	(AT HOME, STI	REET, FACTORY, OFFICE, FA	ARM, ETC	STREET	CITY OR TO	)WN	COUNTY	STAIE
	ATTEND ospital of far use of far		sow the deceose obove, (1) (we) (c	ed plive on_	1/14	19.8		nd that in (my) (our) opinion	death occurred on the d	ote and hour	ond from the	
	y the h yy the h RAL Dir detache tate Dep		22b. SIGNATURE	1119	Thes	V			MEDICAL STA	CIAN	122c DATE	4/87
	O HOSPITA etoined by TO FUNERA shauld be de with the Stal		LINDA		nITH 1	RESAR		600 N. WOL	HOPKINS HOSP FE ST. BA		12120	5

23¢ NAME OF CEMETERY OR CREMATORY

EASTVIEW

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

1101 E. NORTHOWVENUE

236. DATE

1/20/87

23d. LOCATION

CEMETERY BALTIMORE MD

250 DATE REC'D. BY REGISTRARY & REGISTRAR'S SIGNATURE

JAN 20 1987 Julia Direction Products

COUNTY



4 7 JAN 21

7		FOR
1	-	STATE
		REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	7	0	1	3	1	8
	REG. NO.					

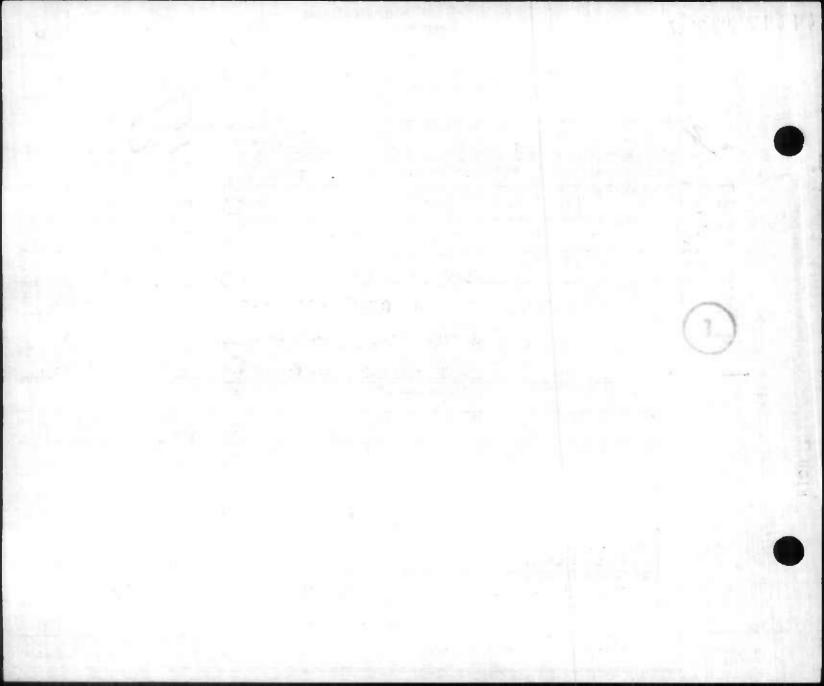
24		CEASED NAME FIRST JOHNN		MES		WIS, JR.	JANUARY 14,	198°	YEAR	26 HOUR 11:50
errar pug	3 SE	4.	RACE B	5	DATE O	PF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		DERTYFAR	IF UNDER 24 HRS. HOURS MIN.
103	N.	C.	USA	V	VIDOWE		BALTIMORE CITY OR COL	TTY		MC
13		TY OR TOWN OF DEATH ALTIMORE		JOHNS HO		NS HOSPITAL	120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF WORK) UN EMP	ING LIFE)	26. KIND O NDUSTRY	F BUSINESS OR
	M	AL RESIDENCE (IF NURSING HOME OR O		. GIVE RESIDENCE BEFORE AD 13c. GITY OR TOWN	MISSION)	13d INSIDE CITY LIMITS?	U.SIREET ADDRESS (ZIP. C	ST.	212	13
203	14 FA	JOHNNY J	DDLE	LEWIS, S	SR.	BEATRICE	WE	STE	WARD°	r
6 7			D FORCES? VAR OR DA1ES)	213343707	Y NO.	IT INFORMANT  BARBARA T.FWTS	ADDRESS	STRE	יתישי	
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	line far (a), (b), and (	45841	LAR ACCIDE		-	APPROXI	MATE INTERVAL DINSET AND DEATH
	100	Canditians, if any, which	DUE TO O	RAS A CONSEQUENCE	CE OF	OTIC ANEYRYS	SM		20	AYS
1000		gove rise to immediate cause (a), stating the underlying cause last.	DUETO	R AS A CONSEQUENC	CE OF	15 ENDOCAR			3	0445
n siĝin Then to b injury	Z O	PART 2. OTHER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN II	N PART 110	
has been to ene prior ows ony	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH OF	PERATIO	N WAS PERFORMED				IGS USED OF DEATH? NO
iol-tronsintol Hyg		21a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		OF INJURY .M. MONTH DAY .M.	YE AR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1	OR PART 2)	
s the burn ond Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF IN JURY REET, FACTORY, OFFICE, FARM	A ETC )	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
TOR. Africance of Health		22a.1 certify that (1) (this hospital saw the deceased alive an above, (1) (we) (did) (did nat)	JAN	le deceased from	4 <b>N</b> ₹_, on	id that in (my) (our) opinion	death accurred on the date and	hour and		that (I) (we) lost
it DikeC eroched te Dept.		MATOR RULL	\	arrer dearn.		DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	/	22c. DATE	SIGNED + K7
to FUNERA should be de with the Stot		221 PHYSICIAN'S NAME (TYPE OR F	RINI) RESAR	2		22e ADDRESS	/	1-105	PIT	+ L
should with MPO		<u> </u>	23b. DATE 1/21/8	23c. NA/		EMETERY OR CREMATORY  MORE CEMETERY	23d LOCATION CITY OF TOWN BALTIMORE		UNTY	STATE MD

DHMH - 16 60M 7/84 (VRA 15, 4)

the season BP

7 FUNERAL DIRECTOR MARCHAE FUNERAL HOME 1101 E. NORTH AVE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



within 24 hours ofter death. Page

#### STATE OF MARYLAND

9	-3	
5		

	1-	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	TGIENE 8 7 NO.	3 ! 9
JAN		GEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Wirt	WILLA	M E.	Lewis	1-	13-87 12
	3 SE	X	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
-9		Hale	white	April 2 1904	82 yrs.	MONTHS DATS HOURS MIN
3/		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OF COUNT	Y OF DEATH
25		Maryland	U.S.A.	WIDOWED DIVORCED		Hartord me
1	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OF
10	14	We de Grace	Harford Metto	rial Hosp	Audio Visual Di	
1		AL RESIDENCE (IF NURSING HOME COL	DROTHER INSTITUTION GIVE RESIDENCE BEF	OWN 1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS /_ZIP COI	DE _ /
2		Md. Cec	il Perry		130. STREET ADDRESS ZIP COL	286 21903
2	14 F.A	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	NAME	LAST
/€	2	Samuel	H. Lewis	Mary	Agnes	Sanders
0		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SE	1	ADDRESS	
N		No -	212-26	_9144 Marjorie G.	Lewis Perryvil	le, Md. 21903
		18 CAUSE OF DEATH (Enter of PART ), DEATH WAS CAUS	only one cause portine far (a), (b),	and term	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			ATE CAUSE (a) Cardio	pul monary	arrent	
			DUE TO, OR AS A ONSEC	VENCE ON Y . / - /	100	
		Conditions, if any, which	( 1b) at	eal from	lacino	
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC		le a + 10 -	
			( 1c) Chill	i in celivac 1	cary here.	
	Z	PART OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION G	MENIN BART 110
	ATIO	190 DATE OF OPERATION	10h CONDITION FOR WHI	CA OPERATION WAS PERFORMED	20g AUTOPSY2 20b. IF Y	ES, WERE FINDINGS USED
2	CERTIFICATION	170 Date of Children	THE CONDITION TOR WITH	CH OFERATION WAS FERFORMED	IN CERT	IFYING CAUSES OF DEATH?
	ERT	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM IS	PART LORPART 2)
9	_	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH	DAY YEAR	(Ellipsi III)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	211 LOCATION		
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
		22g L certify that (1) (this base	pital) attended the deceased from	1 = 7 10 8	1 1 1 3	19.87 that (1) (we) las
			1 10	del	in death occurred an the date and ha	
		obove, (1) (we) (did) (did n 22b. SIC 44-11-11	at) view the back after death.	DEGREE		221 DATE SIGNED
		Letia	1. Tolus	M. D. ATTENDING		1/13/87
1		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	DIRECTOR   PHYSICIAN	1/12/0/
/		10TICIA	S GALVER	union De	E, HAVRE de S	RACE MI
1	23n. F	BURIAL, CREMATION, REMOVA		IC. NAME OF CEMETERY OR CREMATOR		VIIC - ING-
	(	SPECIFY) Runial		Principio Cemeter	CITY OR LOWN	CACIL Manulan

DHMH - 16 60M 7/84

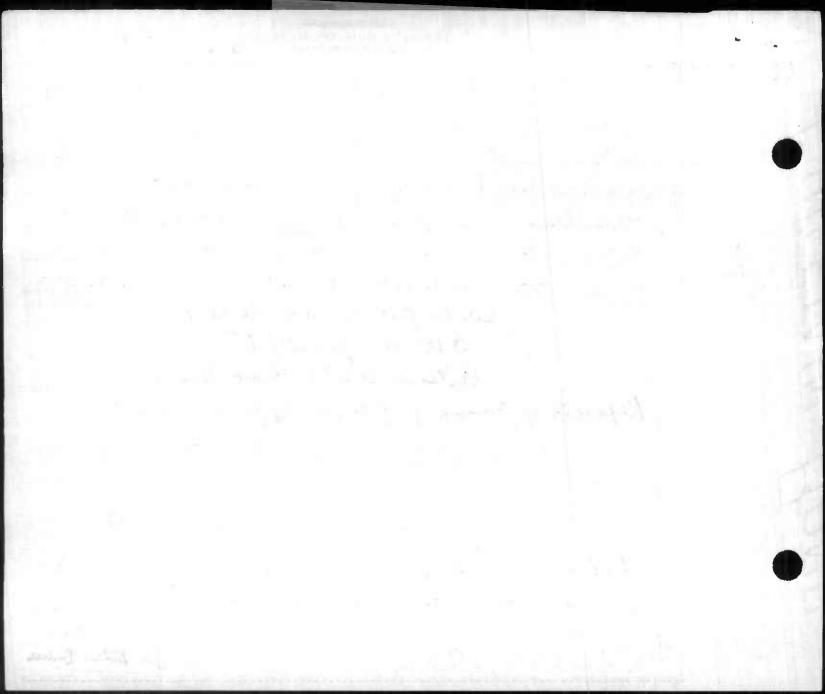
(VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

Patterson & Son, Perryville, Maryland

Principlo Cemetery



FOR

STYPE OR WORL

SEX

40

CERTIFICATION

SIGNATURE

TANCHE A

APTER E

**DHMH** - 17 (VR A15 ME (5))

37/84

- STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR LIBECEASEDINAME 20. DATE KNOWN YEAR 26 HOUR MONTH ESTI-DEATH MATED 30/19 William 87 Levh 4. RACE & AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE MONTH YEAR LAST BIRTHDAY) MONTHS PRONOUNCED 30/19 87 DEAD P IN BIRTHPLACE A. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED WIDOWED DIVORCED Baltimore City 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS **PRINDUSTRY** Biddle St. mehouse INNER Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS TIMBRE 160. WAS DECEASED EVER INFORMAN LIE YES GIVE WAR OR DATEST 1204 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Strangulation and Blunt Injuries of Head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [ 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR ? P.M. 1/ 30/ 1987 subject found strangled

198. DATE OF OPERATION 210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TLE PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE

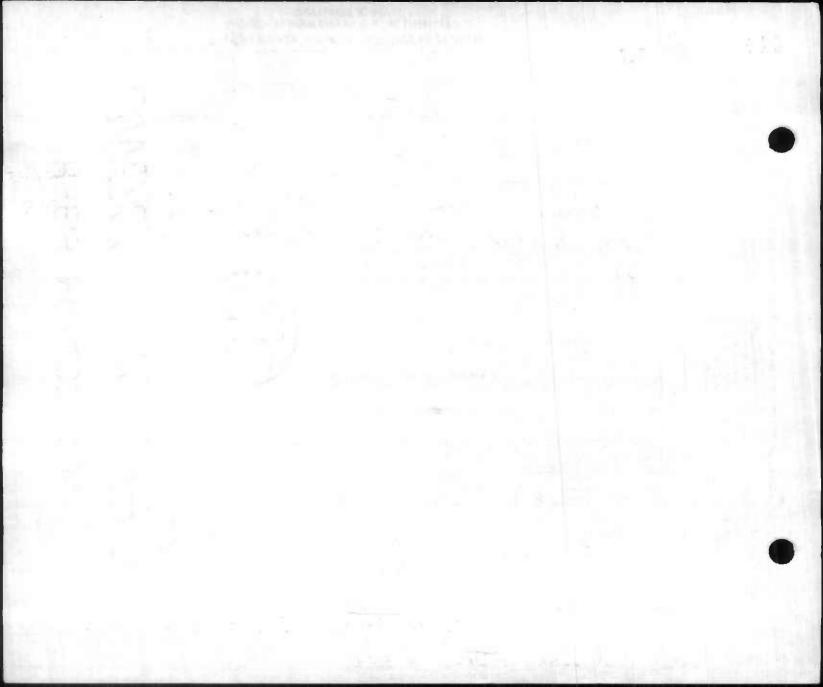
MEDICAL EXAMINER

SIGNED

Balto Biddle St. home X ertify tha arge of the emains described above, held an Autopsy Inquiry Inspection and in my opinion Hamicide X death resul atural causes Accident Suicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE 1/31/87 Chief

EXAMINER'S NA Smialek. TYPE OR PRIM Penn St ADDRESS.

230 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OF CREMATORY 23d. LOCATION 250. DATE REC'D. BY REGISTRAR 1266 REGISTRAR'S SIGNATURE



DEPART	MENT O	HEALTH	I AND MI	ENTAL H	YGIENE
MEDICAL	EXAMI	NER'S	CERTIFIC	CATEO	F DESTH/

	1	FOR 野神TE REGISTRAR			DEPARTMENT OF				10.45	Q. 1	3 2	-1.
		CEASED NAME E OR PRINT)	VOLDEM	AR	MIDDLE	LIIV	LAST		20. DATE KNOW OF ESTI- DEATH MATER	1-2-8		M
	3. SEX	le	White	5. DATE OF BIRTH MONTH DAY 9-19-19	10   76	YEARS IF UNIDAY) MONT		ER 24 HRS.	PRONOUNCED DEAD	1-2-8		10:32a
1	L	RTHPLACE IST REIGN COUNTRY) Atvia		Estoni	.a	WIDOV		RCED		ore City	7	MD.
0	В	ry or town o	re	3200 Wes		)	ier institution	FOR	ual occupation most of working life to Labore		OR INDU:	BUSINESS STRY
2	13a. S1		(IF IN NURSING HOME O		13c. CITY OR TOWN Balto.		T3d. INSIDE CITY LIMITS		REET ADDRESS  O Westfie	eld Ave.	21214	ŧ
)		Martin	n	MIDDLE	Liiv LAST		15 MOTHER'S MA FIRST Anette		MIDDLE	Unkno	last <b>DWN</b>	
	(YE	VAS DECEASED ES, NO, OR UNKNO O	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUR 494-34-31		Meeta I	iiv,	Same as 1			
		gove ris couse (o) lying cou		(b) DUE TO, OR	AS A CONSEQUENCE  AS A CONSEQUENCE  BUT NOT RELATED TO THE TEE	E OF	E OR CONDITION GIVEN IN	I PART 1 (g)		1		
	CERTIFICATION	190 DATE OF	OPERATION	196 CONDIT	TION FOR WHICH OPE	ERATION W	AS PERFORMED?				20 AUTOPS	SY?
3	MEDICAL CERT	UNDERLYING CONTRIBUTION 21d. INJURY C	NG CAUSE OF D	P.M. 21e PLACE C	MONTH DAY YEA	AR 21f. LO	OW INJURY OCCUP CATION STREET	RRED LENTER	NATURE OF INJURY IN ITE	M 18 PART 1 OR PAR	7 2	STATE
)			ly that I taak charged from: Natur	al causes X.	Krele	Suicide	Nose X Inspection No. 11 Inspe	Unde		and in my opi	1-2-8	7
	23a. Bi	(TYPE OR PRIN			23c. NAME OF C			[23d L	n Street	COUN	TY	STATE

07/84 25M DHMH - 17 (VR A15 ME (5))

Burial 1-6-87 24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc., 5305 Harford Rd.

Parkwood

Balto., Md.

25 REGISTRAR'S SIGNATURE

5500hil. diff over the film of the con-John Lily, Some of Line

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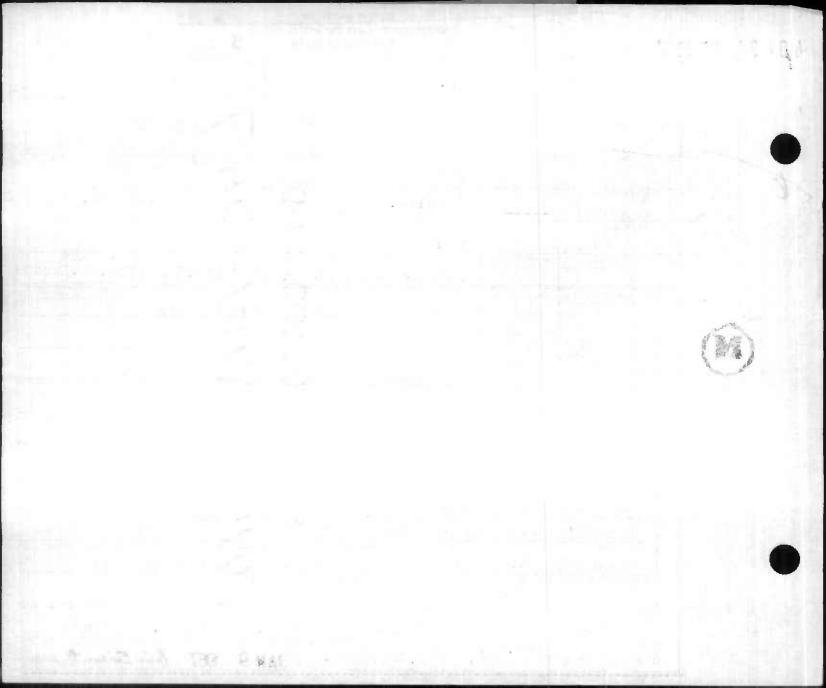
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	į	3	2	6
0	REG. NO.		1 18		.000	

1	187	FOR STATE REGISTRAR	DEPARTME	NT OF HE	CATE OF DEATH	8 /REG.N	0	1 3	2 2
		CEASED NAME FIRST	WIDDLE	LA	ST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(TYPE	ORPRINT! Kath	reine E. Li	N	coln		1	9 87	6.40 M
	3. SE	X 4 R	ACE	S. DATE O		& AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
		Female	While	MONTH	DAY YEAR	(-	T YRS.	MONTHS DAYS	HOURS MIN.
ac)	Pa BI		CITIZEN OF WHAT COUNTRY?	3	5	9 BALTIMORE CITY		Y OF DEATH	
9		our given	\\ < \D	MARRIED	/		Rad		74
5	10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING	HOME O		12a USUAL OCCUPAT	DATI	126 KIND O	F BUSINESS OR
5		Boltimore	(IF NOT IN SUCH FACILITY, GIVE STREET AD	DRESS)	make Crevery	(TYPE OF WORK FOR MOST			
2	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR OTH)	ER INSTITUTION GIVE RESIDENCE BEFORE A		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COD	Ralto.	Md.21230
1		md	MORY	Sno	YES NO	1341	TAC	SUN K	1,
	14. FA	ATHER'S NAME			15. MOTHER'S MAIDEN NAM			7.0	
100		FIRST	Goode		FIRST	MIDDLE	photohic contract of the contr	LAS	
4	160. V	VAS DECEASED EVER IN U.S. ARMED	9 -	TY NO.	17 INFORMANT	ADDE	ESS	Md.212	24
1	t,	YES, NO OR UNKNOWN) (IF YES, GIVE WA			Mary ML N	abrador,	552 4	7th.St	.Dundall
	No	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)  DITTONS CONTRIBUTING TO DE	ICE OF	NOT RELATED TO THE TERMI	IN AL DISEASE OR COM	NDITION GIV	VEN IN PART TIC	
7	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES (1)	
+		21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	21c. HOW INJURY OCCURR				
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	M, ETC )	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		22a.1 certify that (1) (this hospital) sow the deceased olive an abave, (1) (we) (did) (did nat) vi	(19 19		d that in (my) (aur) opinion o	, to deoth accurred an the	date and ho	ur and from the	
		22b. SIGNATURE	Blum Mo		ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED (8)
		224. PHYSICIAN'S NAME TYPE OR PRI	NT)		22e ADDRESS		,		
		HARULA	Bl -months 1	20	30012	HANDLER :	58 B	of timpe	mn Joz
		BURIAL, CREMATION, REMOVAL (SPECIFY)		,	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
		Burial	1/12/1987 L	oudo	n Park Cemt	. Baltimo	re, M	arylan	
		ocully Funeral	o.Md.21330E.	Fort	Ave. 25a DATE	REC'D. BY REGISTRA  9 1987	25b. REGIS	TRAR'S SIGNAT	Piches.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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IMPORTANT: If Hem 21 is morked or tem 18 shows ony

Conditions, if ony, which

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

2/3/87

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

23a. BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR

FOR STATE REGISTRAR				NT OF H	E OF MARYL HEALTH AND ICATE OF	MENTAL HYG	8 /	0 . NO.	1 3	2	3
PEASED NAME G	eore	-	dward		NK		20 DATE OF DEATH	1-3	1-87	26. HOUR 43	and the same of
Male		4 RACE Whit		S. DATE C	H DAY	VEAR 17	6. AGE (IN YEARS LAS	and the same	IF UNDER I YEAR	IF UNDER 2	MIN.
Maryla	100	76. CITIZEN OF V USA	VHAT COUNTRY?	S. MARRIE WIDOWE		MARRIED	Baltimore CIT		OF DEATH		MD.
ry or town of DEA Baltim	1		OSPITAL, NURSING HEACHITY, GIVE STREET AD AGNES HO	DRESS)		NOITUTIT	120 USUAL OCCUP (TYPE OF WORK FOR MO Maintena	ATION OST OF WORKING LIFE	INDUSTRY	Post	Office
L RESIDENCE (# NURS TATE Maryland	13P COUL	other institution, of timore	GIVE RESIDENCE BEFORE AI 13c. CITY OR TOWN Halethor		13d. INSIDE (	ITY LIMITS?	130.STREET ADDRES	ss / zip code utus Ave			
THER'S NAME FIRST GEOTGE		WIDDIE	Link			s maiden na First argaret	ME		LA:		
(AS DECEASED EVER es, no or unknown)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECURI 218-12-47		17 INFORM	ANT		dress 1104 Oal	kland T	lerrac	
18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE		DRONCHO		SMON	A			BETWEEN	3 days	AIH
		DUE TO OR	AS A CONSEQUEN	CEOE							

gove rise to immediate cause (a), stating the underlying cause lost.	due to, or as a consequence of $\overline{l}'$	Dericardia/sa	C	
PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART TIO
190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	DRY IN ITEM 18. PART 1 OR PART 2)
214. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	214 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
22a.1 certify that (+) (this haspital) saw the deceased alive on obove, (1) (we) (did) (did not) vi	JAN 31 19 87 00			31 , 19 67 , that (# (we) lost and hour and from the causes stated
276 SIGNATURE Best 5	1 morton	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	

22e ADDRESS

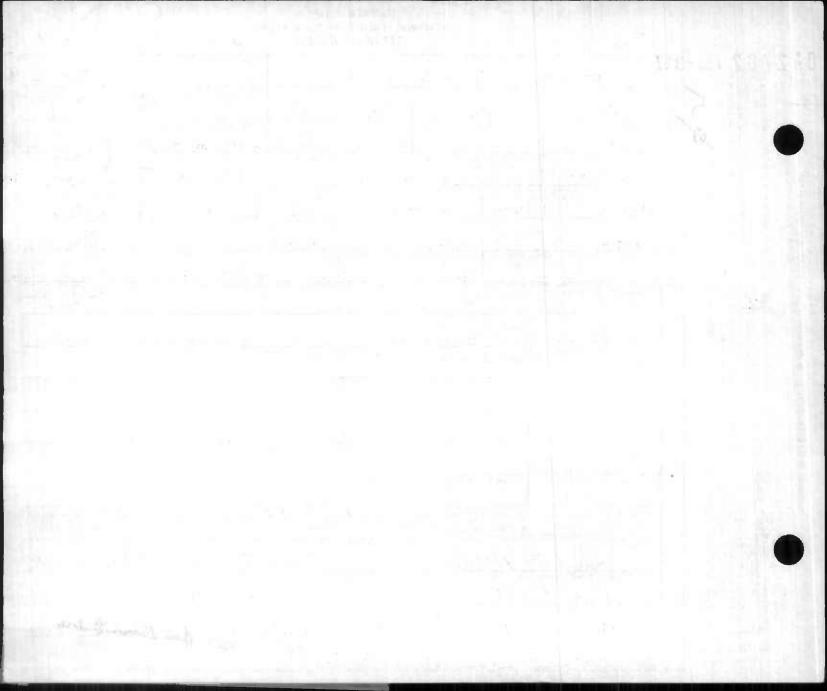
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Meadowridge Mem. Park Elkridge Gounty Elkridge Mem. Park Elkridge Gounty County Grand House County County Grand House County Gr

DHMH - 16 60M 7/84 (VRA 15, 4)

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OR ATTENDING PHYSICIAN. The

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	0	Į	3	2	4
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, 0	* REGISTRAR							
	CEASED NAME FIRST	WIDDLE	Lip	Si'72	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR 240
3 SE)		4. RACE	5 DATE	OF BIRTH	6 AGE   IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24
	FEMALE	CAUCASI	AN O	- 1.00%	XXX	90 <sub>RS</sub>	ONTHS DATS	MOURS
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
R	USSIA	USA	WIDOW		BALTIMO	DRE CIT	TY Y	
	ITY OR TOWN OF DEATH ALTIMORE	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY	AL, NURSING HOME ( Y. GIVE STREET ADDRESS) SINAI HOSE	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWIE	OF WORKING LIFE	INDUSTRY	OF BUSINES AT HOM
13a S	AL RESIDENCE (IF NURSING HOME OF TATE ARYLAND	NTY 113c CIT	DENCE BEFORE ADMISSION) IY OR TOWN LTIMORE	136 INSIDE CITY LIMITS?	2923 MARNA	ZIP CODE	#2120	)9
14 FA	HETZKEL	MIDDLE	DONER	15. MOTHER'S MAIDEN NA FIRST HEN	MIDD LE		UNÉ	NOWN
16a V	VAS DECEASED EVER IN U.S. AI YES NOOR UNKNOWN) (IF YES, GI	DUE HALL ORD LATER	3-74-9589		MR. HARRYOD NHAVEN DR.	HPSITZ BALTC		21209
	IMMEDIA	ATE CAUSE (0)	CONSCIUENCE OF					
IFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A C  (b)  DUE TO, OR AS A C  (c)  CONDITIONS CONTRIBLE  FACT FACTOR			200 AUTOPSY?	206 IF YES, IN CERTIFY	, WERE FIND	INGS USED S OF DEATH
AL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  CONCOSTIVE M.  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A COLOR OF TO THE CONDITION FOR TH	CONSEQUENCE OF  UTING TO DEATH BUT  OR WHICH OPERATION  RY  ONTH DAY YEAR	ON WAS PERFORMED	200 AUTOPSY?	20b IF YES,	, WERE FIND YING CAUSE	INGS USED
MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  CONGESTIVE H  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	DUE TO, OR AS A COLOR OF THE CONDITIONS CONTRIBUTIONS CONT	CONSEQUENCE OF  UTING TO DEATH BUT  OR WHICH OPERATION  RY  ONTH DAY YEAR  19	ON WAS PERFORMED	200 AUTOPSY?	206 IF YES, IN CERTIFY YES	, WERE FIND YING CAUSE	INGS USED S OF DEATH NO
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  LONGOSTING  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIPETINE NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WMILE NOT WHILE	DUE TO, OR AS A COLOR TO THE TO THE TOTAL THE	CONSEQUENCE OF  UTING TO DEATH BUT  OR WHICH OPERATION  RY  ONTH DAY YEAR  19  JRY  ORY, OFFICE, FARM, ETC.)	216 HOW INJURY OCCURI 211 LOCATION STREET , 19 and that in (my) (aur) apinian DEGREE	200 AUTOPSY? YES NOT NOT NOT NOT NOT NOT NOT TO MEDICAL STA	206 IF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FIND YING CAUSE OF CAUSE COUNTY ON THE COUNTY	INGS USED S OF DEATH NO   sta
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT  LONGOSTION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WMILE NOTIFY MEDICAL EXAMINE AT WORK NOTIFY THE LOST OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTION CONTRIBUTING CAUSE OF DE CONTRIBUTION CAUSE OF DE CON	DUE TO, OR AS A C  (b)  DUE TO, OR AS A C  (c)  CONDITIONS CONTRIBL  19b. CONDITION FOR  19b. CONDITION FO	CONSEQUENCE OF  UTING TO DEATH BUT  OR WHICH OPERATION  RY  ONTH DAY YEAR  19  JRY  ORY, OFFICE, FARM, ETC.)	216. HOW INJURY OCCURI 216. HOW INJURY OCCURI 216. LOCATION STREET  19  nd that in (my) (our) apinion DEGREE	YES NOTER NATURE OF INTE	206 IF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FIND YING CAUSE OF CAUSE COUNTY ON THE COUNTY	NGS USED S OF DEATH NO  that (I
	Conditions, if any, which gove rise to immediate cause iol, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  OF COSTO OF  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (HE EITHER NOTHY MEDICAL EXAMINE 21d. IN JURY OCCURRED  WHILE AT WORK AT WORK  22a. I certify that (1) (this bore saw the deceased alive obove, (1) (we) (did) (state)  22b. SIGNATURE	DUE TO, OR AS A C  (b)  DUE TO, OR AS A C  (c)  CONDITIONS CONTRIBL  19b. CONDITION FOR  19b. CONDITION FO	CONSEQUENCE OF  UTING TO DEATH BUT  OR WHICH OPERATION  RY  ONTH DAY YEAR  19  JRY  ORY, OFFICE, FARM, ETC.)	21c. HOW INJURY OCCURI 21f. LOCATION STREET  71f. LOCATION (STREET)  71f. LOCATION (STREET) (STREET)  71f. LOCATION (STREET) (S	200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJECTION OF TO	206 IF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FIND YING CAUSE OF CAUSE COUNTY ON THE COUNTY	NGS USED S OF DEATH NO

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remaye carbon rather with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remained.

(VRA 15, 4)



STATE		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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043233 FE	) <b> </b> -	FOR- STATE REGISTRAR	DEPART		ICATE OF DEATH	B TREG. NO	0	1 3	26
Page 4 may be director, page 3 hours ofter death		CEASED NAME PHIST	110 14. RACE WHITE	5. DATE C		6. AGE (IN YEARS LAST BIR		VEAR 287 UNDER I YEAR NIHS DAYS	26 HOUR SIDP M FUNDER 24 HRS HOURS MIN.
rer death. Pay		RTHPLACE (STATE OR FOREIGN COUNTRY)  PHILA,  ITY OR TOWN OF DEATH		WIDOWE NG HOME C	D NEVER MARRIED DIVORCED DIVORCED DO OTHER INSTITUTION	9 BALTIMORE CITY O BAC 120 USUAL OCCUPATI	To C	12b. KIND O	MD. F BUSINESS OR
24 hours offer filled in by the oould be filed we make the right.		3041MOC AL RESIDENCE (IF NURSING HOME OF STATE 136. COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	MO! E ADMISSION) VN	ZIAL  13d. INSIDE CITY LIMITS?  YES NO NO	13e STREET ADDRESS		21	LOR 218
cuted within fompletely 1 and 2 should examine a	160	ATHER'S NAME FIRST ACHA WAS DECEASED EVER IN U.S. A	MIDOLE LAST ZVOZ	si	IS MOTHER'S MAIDEN NA  SANTINI  IT INFORMANT	WE	F	enit	
icote be exi		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line to (0), (b), or Care CAUSE (o)	97201	Monary Am	Livolsi 1	5296	APPROXU	MATE INTERVAL MASET AND DEATH
hat the death certif by the attinent as ase remove I, cremation ather traumanceve		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b) September 10, OR AS A CONSEQUE  (c) September 10, OR AS A CONSEQUE  (c) September 11, OR AS A CONSEQUE  (c) September 11, OR AS A CONSEQUE  (d)	05/5	- ncidosis			?	
he law requires the law requires the hos been signed permit. Then ples ene prior to burga aws any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT ANEMA 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO YPOHUMICS			206 AUTOPSY?	20b. IF YES, V	WERE FINDIN	IGS USED
PHYSICIAN: T nding physici his certificate e buriol-transi d Memal Hygi	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHEY MEDICAL EXAMIN) 21d. INJURY OCCURRED	EATH HOUR A.M. MONTH D	19	21c HOW INJURY OCCUR		RY IN ITEM 18 PART		STATE
DR ATTENDING haspital ar a DIRECTOR: Afte ched for use as sept. of Health them 21 is mark		saw the desessed alive a	pital attended the deceased from 30 19 not) view the body after death.		nd that in my lour) opinion				
TO HOSPITAL Of retained by the TO FUNERAL D should be detected with the State D IMPORTANT: If	730.	234. PHYSICIAN'S NAME (1796)		NAME OF C	ATTENDING PHYSICIAN [ 22e ADDRESS  EMETERY OR CREMATORY	MEDICAL STAI		1/0	0/07

DHMH - 16 50M 4/83 (VRA 15, 4)

BURIAL PUNERAL DIRECTOR

CHADENS OF FAITH

DRESS & Wish DEB OF

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
B 05 1987 Julia Dender Redeale Tinder Rudale

1.5 Fig. 1. The state of the state

**DHMH - 17** 

(VR A15 ME (5))

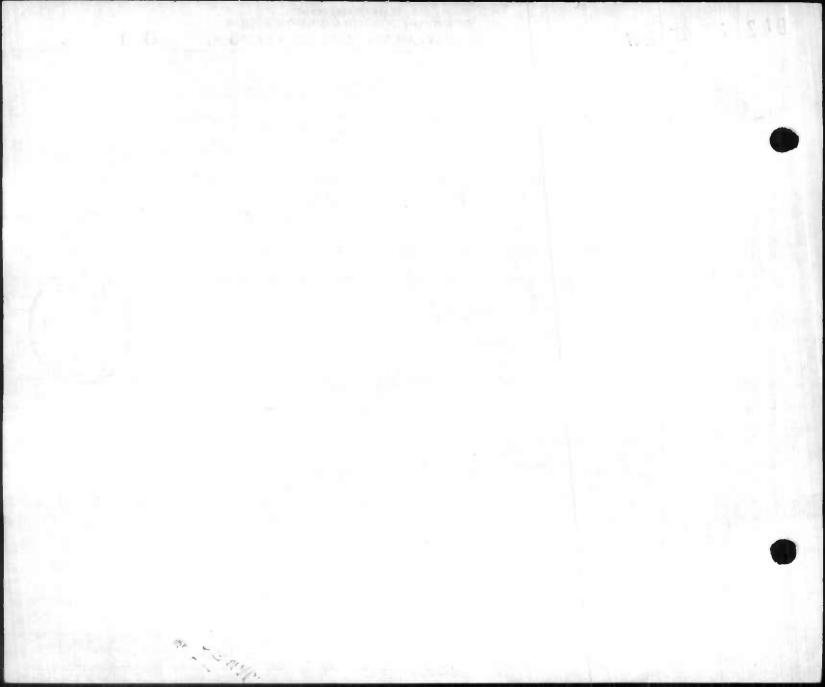
Autopsy XX 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion Homicide XX Suicide death resulted from: Natural causes Accident TITLE (SPECIFY) ACTUAL nAssistant SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. William M. Zane, M.D. (TYPE OR PRINT) 730 BURIAL, CREMATION, REMOVAL 236, DATE 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE BALTO. MD BURTAL 1/31/87 **FASTVIEW CEMETERY** 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNATURE Julia Dinder Co ADDRESS. MARCH FUNERAL HOME 1101

76 HOUR

2:55

a. M

NO [



23c. NAME OF CEMETERY OR CREMATORY

3000 ME. Baltimore St., Baltimore, Md. 2124JAN 28 1987 Julia Dinder Rudae.

Jan. 26, 1987-Parkwood Cemetery-Baltimore, Waryland

STATE OF MARYLAND

MENT OF HEALTH AND MENTAL HYGIENE

tens # 2a,2b Fi m G 623 1/30/87 Gbi.

230. BURIAL, CREMATION, REMOVAL 236 DATE

PRESTON ST.,

DHMH - 16 50M 4/83 (VRA 15, 4)

L. I Carlette Content, St. Jan. 85, Eury AC CLUE & ACA Holise County, nd. F. S. s. X sett fermi, A. Interior to the West to May West Course . Lower Live Total Andrew x villand it is all anest in Thomas Hettry Lockard deets . Euro-ky No Res 2 Standard Ruth A. Lockurd-144 . Kilword Eurici John . John . Inc. Ferienced Constony-Salitmon, nor ided

			STATE OF MARYLAND		
1	FOR	DEP	ARTMENT OF HEALTH AND MENTA	LHYGIENE	
18 L			CERTIFICATE OF DEATH	0 250 110	0 1 7 0 0
I D	U.C.	MIDDLE	LAST		DAY YEAR 25 HOUR
	PE OR PRINT)	1	1	In DATE OF BEATT	20 1100K
	/he	(01)	Logan		25-87 1:00th
3 S	EX	4. RACE	5. DATE OF BIR H	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	m	RIU	MONTH DAY YEA	1 42	MONTHS: DAYS HOURS MIN.
70 1	BIRTHPLACE (STATE ON FOREIGN	75 CITIZEN OF WHAT COUR	TRY? 8	A BALTIMORE CITY OF COLU	
1	COUNTRY)	11 (112211 01 1111 11 11 11 11 11 11 11 11 11 11	MARRIED NEVER MARRIED	BALTIMORE CITTOR COOL	O LOS
	1114.	WOH.			Cill MD
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	JRSING HOME OR OTHER INSTITUTION		126 YIND OF BUSINESS OR
1 1	Dallihui7/	MPICH	HASINI	Labor ex	NAPOSIKI
USI	JAL RESIDENCE (IF NURSING HOM			12MIGHT.	
130.	STATE 13b CC	DUNTY 13 CHY OR		ITS? 13.STREET ADDRESS / ZIP C	200
	1114.	1264	I G LA	Vada Toung	7. 31702
14. F	ATHER'S NAME	MIDDLE . LAS	15 MOTHER'S MAIDE		d LAST
2	HMUGUS	Floo	T Min	11/18	Lounal
			SECURITY NO. 17 INFORMANT	ADDRESS	7
	(YES, NO OR UNINOWN) (IF YES	GIVE WAR OR DATES)	30-1073 M.	100. 1 1200 Hu	11.06
-		010 0	11/1/1/1/1/	LUGAN IFOF YOU	V9(A.
. 1	18 CAUSE OF DEATH (Enter	only one cause per line for (a), (I	oi, and (ci.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- 13			Spiratory Tall	[ UNE_	MINUTES
y		DUE TO OR AS A CONS	EQUENCE OF		,
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10	gove rise to immediate	(6)		1 1009	Crocy
		DUE TO, OR AS A CONS		0.1 - 1	/
		(c)	bable hepatoce	enviar carrinon	. 4
	PART 2. OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 10
ŏ	Renal	fallure			
	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
7 =					RTIFYING CAUSES OF DEATH?  YES \( \bigcap  \text{NO}  \text{\text{T}}
4 5	21- ACCIDENT WAS UNDERLYING	215 TIME OF INJURY	71r HOW IN ILIPY O		
1		110110 1 11 1101101	DAY YEAR	CCORRED (ENTER NATURE OF INJURY IN THE M	18 PART ( ORPART 2)
	(IF EITHER NOTIFY MEDICAL EXAM	INER) P.M.	19		
0	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OF TOWN	COUNTY STATE
Σ	WHILE NOT WHILE	(AT HOME, STREET, PACTORY, OF	FICE, FARM, ETC.)	1	
		scrital) attended the decorred (	1/12- 10	811 1125	10 87 describitoriales
		1/2/	10	vision death accurred by the date and	, 19, that (I) (we) lost
	obove, (1) (we) (did) (did	not) view the body after death.		smon deam accorded on the date ond	
	776. SIGNATURE	1 100		NIO MEDICAL CENTE	22c. DATE SIGNED
	Evan	1 Helsty			1/25/87
	22d. PHYSICIAN'S NAME (14	PE OR PRIVIT	17e ADDRESS 2	OI ST POUT	Place
1	Fire	Soloky mi	RIS	0-1	
-	ALMINI CHE LA CARDON MA	In the second			001
336	SURIAL, CREMATION, REMOV	1/2/100	THE THE CHEMETERY OR CREMAT	Z38. LOCATION	COUNTY STATE
	Dumal	1/31/87	Easlyiew	Doll, In	one pro.
24 1	UNERAL DIRECTOR	ADDI			GISTRAK'S SIGNATURE
	3 SI 10. C 1	TO DECEASED NAME  (REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  3 SEX  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  10. CITY OR TOWN OF DEATH  130. STATE  14. FATHER'S NAME  150. WAS DECEASED EVER IN U.S. (YES, NO S. INMOVEN)  18 CAUSE OF DEATH (Enterly PART I. DEATH WAS CALL IMMEDIATE (STATE)  19 DATE OF OPERATION  19 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXAM)  210. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAM  210. SIGNATURE  211. CETTIFY that (I) (this has sow the deceased alive obove, (II) (we) (did) (did)  212. SIGNATURE  214. FUNERAL DIRECTOR	STATE  1. DECEASED NAME (TYPE OF PRINT)  3. SEX  4. RACE  5. SIMPLISION SUMHARCHING OF WHAT COUNTY OF WHAT COUNTY OR CONTRIBUTION OF RESIDENCE OF PARTITURE OF INJURY  4. RACIE  4. RACE  5. RACIER STREET FACTORY, OF ALMORE OF PARTITURE OF INJURY  7. RACIER STREET, FACTORY, OF ALMORE OF PARTITURE OF INJURY  7. RACIER STREET, FACTORY, OF ALMORE OF PARTITURE OF INJURY  7. RACIER STREET, FACTORY, OF ALMORE OF PARTITURE OF INJURY  7. RACIER STREET, FACTORY, OF ALMORE OF PARTITURE OF INJURY  7. RACIER STREET, FACTORY, OF ALMORE OF PARTITURE OF INJURY  7. RACIER STREET, FACTORY, OF ALMORE OF PARTITURE OF INJURY  7. RACIER STREET, FACTORY, OF ALMORE OF PARTITURE OF INJURY  7. RACIER STREET, FACTORY, OF ALMORE OF PARTITURE OF INJURY  7. RACIER STREET, FACTORY, OF ALMORE OF PARTITURE OF INJURY  7. RACIER STREET, FACTORY, OF ALMORE OF PARTITURE OF INJURY  7. RACIER STREET, FACTORY, OF ALMORE OF PARTITURE OF INJURY  7. RACIER STREET, FACTORY, OF ALMORE OF PARTITURE OF INJURY  7. RACIER STREE	DEPARTMENT OF HEALTH AND MENTA  CERTIFICATE OF DEATH  I. DECEASED NAME  (IVE OR PRINT)  J. SEX  J. BRITHPLACE  (STATE OF BURCH  DAT  JEAN  J. BRITHPLACE  (STATE OF BURCH  DAT  JEAN  J. BRITHPLACE  (STATE OF BURCH  MODILE  J. BRITHPLACE  (STATE OF BURCH  DAT  JEAN  J. BRITHPLACE  (STATE OF BURCH  MODILE  J. BRITHPLACE  (STATE OF BURCH  J. BRITHPLACE  (STATE OF BURCH  MODILE  J. BRITHPLACE  (STATE OF BURCH  J. BRITHPLACE  (STATE OF BURCH  MODILE  J. BRITHPLACE  (STATE OF BURCH  J. BRITHPLACE  (STATE OF BURCH  MODILE  J. BRITHPLACE  J. BRITHPLACE  (STATE OF BURCH  MODILE  J. BRITHPLACE  J. BRITHPL	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REGISTRA  I DECEASED NAME I THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  A GOLF PERMIT  A GOLF PERMIT

(VRA 15, 4)

WM C. Brown 1206.08 W. North And

The property to the same the prove consephale portry days ... Probable begareeduber Garner

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FFR -	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 /REG. NO.	01330
		CEASED NAME FIRST	LA. E. LO.	NERGAN	20. DATE OF DEATH MON	29 87 0740 M
	3 SE	× FEMALE	4 RACE WHITE	5. DATE OF BIRTH  MONTH DAY  10 22 90	6. AGE (IN YEARS LAST BIRTHDA'	YRS.
Service of the servic	70. BI	IRTHPLACE (STATE OR FOREIGN COUNTRY COUNTRY AND MILLS	, PennaU.S.A	AAADDIED   NEVED AAADDIED	Baltimore City or Co	OUNTY OF DEATH
		altimore	11. NAME OF HOSPITAL, NURSIN	AG HOME OR OTHER INSTITUTION ADDRESS) OSPital	12a USUAL OCCUPATION LIVE OF WORK FOR MOST OF WO HOUSewife	IRKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY HOMEMAKER
		AL RESIDENCE (IF NURSING HOME OF	Timore Catons		13e.STREET ADDRESS / ZIE	
OC	14, FA	ATHER'S NAME  Ira Edn	middle carman	15. MOTHER'S MAIDEN NA FORST  Fannie	ME L MIDDLE	Wood
medicol	16a V	WAS DECEASED EVER IN U.S. AR	15 HALD OD D. 18661	PRITY NO. 17 INFORMANT 211 -7539-Mr. Lucil	3 Edmondson le L. Geise	son Ave Md. r-Catonsville,
or other traumatic eve		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	cité autorina	la Bisease	
rinjury, o	NOL	acute Ronal	Fachere, arems	DEATH BUT NOT RELATED TO THE TERM		
Jows on	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
or Hem 18 s	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED	HOUR A.M. MONTH DA	AY YEAR 19 21f LOCATION	RED (ENTER NATURE OF INJURY IN	
marked	W	WHILE NOT WHILE AT WORK  220.1 certify that (1) (1)	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
Hem 21 is		saw the deceased alive an	4.17.26	27 , and that in (my) (***) apinion DEGREE	death occurred an the date a	and haur and fram the causes stated
ANT.		22d. PHYS JAN'S NAME (TYPEC	Holler mp	ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/20/27
MPORT			MILLER MD	900 CATON	AVENUE	

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY

Penna.

al Cem. -Ridgway, P

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S Burial Feb. 2.1987 Thayer Memorial Ce Funeral Director Sterling Funeral Director Sterling Funeral Director Sterling Funeral Director Students on Ave., Catonsville, Md. 21228 AN

And the second second and thought to be a first to be a first to be a first to be d. Raitimore Corraption x 3223 May reach log. - Tage but a separate of the separate ---- 160-26-755-ar. inclie t. usiang the milie the telephone than the or for a trial that he mer' il esp. p. payfilson e Jismer flat Ites, "entagong, perfil...

mpletely filled in by the fur

CTATE OF MADVIAND

1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HY	GIENE 8	REG. NO	0	1 .	0 1
	CEASED NAME	FIRST		MIDDLE	L	AST	2a. DATE C	OF DE ATH	HIMOM	DAY YEAR	2b. HOUR
	BARINT)	Gene	eve		7.01	ATEGON CT		TI	n 7	6 198	7 3000.
3 SE	X		RACE		5. DATE C	NESOME DE BIRTH	6. AGE (IN	YEARS LAST BIRT	HDAY)	IF UNDER I VEAR	ME INL R MAN
					MONTH		100			MONTHS DATS	HCTA: MIN.
	Female		Blac		9	7 04		82	YRS		
	RTHPLACE (STATE OR	FOREIGN 7	6 CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE	NEVER MARRIED	9. BALTIM	ORE CITY OF	COUNTY	OF DEATH	
	Essex Co. V	a	211	Δ	WIDOWE	DI DIVORCED	BALT	IMORE	CITY		MD
10. CI	ITY OR TOWN OF DE	ATH		HOSPITAL, NURS	SING HOME C	OR OTHER INSTITUTION	12a. USUAI	OCCUPATION FOR MOST OF	N		OF BUSINESS OR
	LTIMORE		UNION M	EMORIAL	HOSPT	rai					
130. S	AL RESIDENCE (IF NUR!	13b. COUN		GIVE RESIDENCE BEF		13d. INSIDE CITY LIMITS?	113e STREET	ADDRESS /	7IP CODE		
	Maryland	100.00011		Raltimo		YES VI NO	2620				1.5
	THER'S NAME			- Dailim	11.6	15. MOTHER'S MAIDEN NA		211111	EY AV	6. 416	13
	FIRST	N	IDDLE	LAST		FIRST		MIDDLE		LA	AST
	Robert		mas	West		Willie	A	N ADDRE		Morri	\$
	VAS DECEASED EVER		WAR OR DATES)	166 SOCIAL SE	CURITY NO.	17. INFORMANT		ADDRE	22		
	No			212-20-	5916	Leah Giles	701 N	Arli	naton	ANO	21217
CERTIFICATION	Conditions, if any gave rise to imicouse (a), statiunderlying couse  PART 2. OTHER SIG	mediate ng the last.  NIFICANT CO	DUE TO, O	BL	OUENCE OF	NOT RELATED TO THE TERI A PER IND COM N WAS PERFORMED	200 AUT	G-T TOPSY?	20b. IF YES	WERE FIND	INGS USED S OF DEATH?
E	21a, ACCIDENT WAS UN	DERIVING C	21b. TIME C	E INTITION		216 HOW INJURY OCCUP	YES [	NON	YE		NO 🗌
	OR CONTRIBUTING		1100110	M. MONTH	DAY YEAR	THE HOW WAJORT OCCOR	KKED (ENTER )	NATURE OF INJUR	A IM IIEW IR A	ANT I OK PART 2)	
CA	(IF EITHER, NOTIFY MED	ICAL EXAMINER)	P.	M.	19						
MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY	E SARAN ETC )	21 LOCATION		CITY OR TOV	VN	COUNTY .	STATE
5	WHILE NOT WE	HILE	(A) HOME, 311	REEL, PACTORE, OFFIC	E, FARM, LIC.)	2015,11hi	verety f	Mary B	11/1/m	ore Md	-21218
	22a.1 certify that (1) saw the decease abave, (1) (we) (	(this hospiti		19		, 19, 19	ta	red an the da	te and hou	r and from the	, that (I) (we) last e causes stated
	22b. SIGNATURE	1	lan	40		DEGREE ATTENDING PHYSICIAN	MEDICAI DIRECTO	L STAF R PHYSIC		/	E SIGNED 26, 1887
	ME PHYSICIAN'S N	AME TIME OF	PROPERTY.			22e ADDRESS					
	1000	VI	-151 W	0		201 UNIVER	SITY P.	ARKWAY			
23o E	BURIAL, CREMATION,	REMOVAL	23b DATE	23	NAME OF C	EMETERY OR CREMATORY			-		
1	Burial		1/31/8		Arbutus		CII	rbutus	Md_	COUNTY	STATE

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or

retained by the haspital or

BP.

MAPORTANT: If them 21 is marked or them 18 shows any

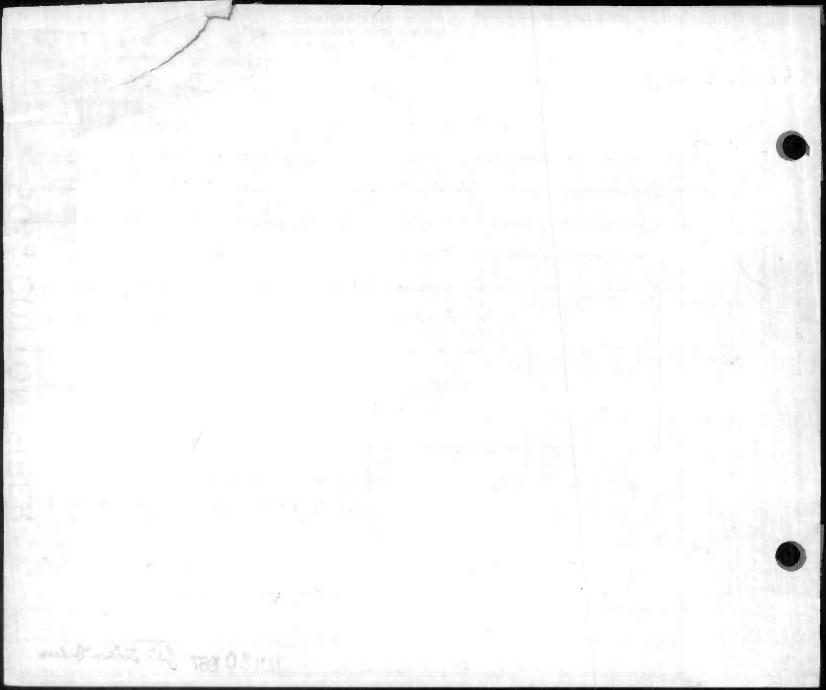
(VRA 15, 4)

24 FUNERAL DIRECTOR ADDRESS e. (4300) West W.C. March F. H. Wabash Ave.

236 DATE 31/87

23c NAME OF CEMETERY OR CREMATORY Arbutus Mem Park

250 DATE REC'D BY REGISTRAR 25 DREGISTRAR 25 JUNE 11 TAN 30 1987

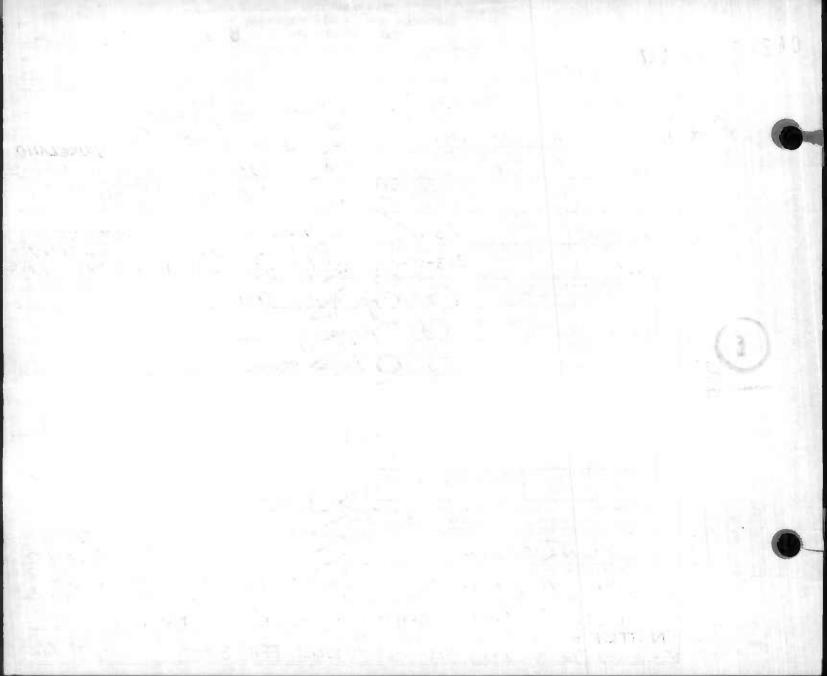


# STATE OF MARYLAND

8	REG. N	10. 0	1	3	3	6
ATE C	F DEATH	MONTH	DAY	YEAR	2b HC	UR

	1	FOR	DEPARTMEN	IT OF HEALTH AND MENTAL HYG	IENE	0 1 3	-2 12
	1	STATE REGISTRAR		ERTIFICATE OF DEATH	8 IREG. NO	0 1 3	5 %
B	1-DEC	CEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	FLANSE	Buddle		Long		1 30 87	1058 QM
	3. SE>		RACE 5.	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT		
		MALE	BLACK	12 20 02	84	YRS DAYS	HOURS MIN.
	7a. BII	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8	_	9 BALTIMORE CITY O		
-	N	CAROLINA		MARRIED NEVER MARRIED DIVORCED	Balt	o City	MD.
-9	10 CI		. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATE	ON NO KAD	KELAND
5	-	Bake	ONLY . VOITE	RESS) E. A.	ANIMED THE	1 1 01 11	AT PACKING CO.
2			HER INSTITUTION, GIVE RESIDENCE BEFORE AD		13e STREET ADDRESS		
1	13a. S	TATE 136 COUNTY	13: CITY OR TOWN	YES NO	136 STREET ADDRESS 7	Viey Ave	21217
	14. F.A	THER'S NAME		15. MOTHER'S MAIDEN NA		1	
		Joseph MI	Long	LAUI	ea MIDDLE	EOM	ONOS
7		VAS DECEASED EVER IN U.S. ARMI			· ·	Smore, MO	
	( )	(ES, NO OR LINKNOWN) (IF YES, GIVE Y	VAR OR DATES) 2/3-07-	0447 MADDRESS	F. LONG	1036 BRAI	NTLEY AVE
		18 CAUSE OF DEATH (Enter only	one couse per line for Mi, bi, and ic	., 0		APPRO	XIMATE INTERVAL N ONSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIATE	BY:	copulmener (	arres		
ı		IMMEDIATE	DUE TO, OR AS A COMBEQUENC	TEOE /			
		Conditions, if any, which	( b) CALO	Co Merkaelker			
		gove rise to immediate couse (a), stating the	OUE TO OR AS A CONSEQUENCE	TOT I,V			
		underlying couse lost.	DUE TO, OR AS A CONSEQUENCE	we here dese	M	- F - 1 - 3 - 1	
1		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART 1	10
	O			200			
1	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OF	ERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND	
1	TIFK	E 11" . 3 159			YES NO	YES	NO [
	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)	
۲		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY	YEAR			
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR 101	wn COUNTY	STATE
	E	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM	LETC)	/	WIN	STATE
		22a.l certify that (I) (this hospital	) ottended the deceosed from	1/30 ,19 87	_, to	, 19 87	, that (f) (we) lost
		sow the deceased alive on obove, (1) (we) (did) (did not)	view the hody Atter death	2. and that in (my) (our) opinion	deoth occurred on the do	ote and hour and from the	e couses stated
		226 SIGNATURE	view inte body larier debin.	DEGREE		72c DAT	EMONED /
		8 catt 5	Clours	ATTENDING PHYSICIAN	MEDICAL STAF		20/00
		226. PHYSICIAN'S NAME (TYPE OR P	RINT)	22e ADDRESS	/ 0		16, 70 H
		Score A	Berger mo	Univ. Was,	pixel - EIR.	22 5. Gree	20V. 2120
C	23a B	BURIAL, CREMATION, REMOVAL	JIE DATE 23c NA/	ME OF CEMETERY OR CREMATORY	236 LOCATION		27001
		PILRIAI		BUTUS MEM, PY	CITY OR TOWN	ALTIMORE	MO.
	24	WHATERE O + SAN	S FUNERAL HON		E REC'D. BY REGISTRAR		TURE
			LS PKWY, BALTIME		B 3 4007	Aulia Scorder	Pendall
		J. J. J. VIVO PAL	CO , KWY DUPLING	7-01-0-1-0	-0 0 301		

DHMH - 16 60M 7/84 (VRA 15, 4)



04205

ed in by the funeral director, page 3 is be filed within 72 hours after death

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	•••			24100	********	۰
CEL	RTI	FIC	ATE	OF	DEATH	

8	Rea No	0	1 3	3
	REG. NO.			

34 3					O RE	G. NO.	~ I	100	
	CEASED NAME EIRST	MIDDLE	LAST		20. DATE OF DEA	TH MONTH	VAO	YEAR	26. HOUR
(ITPE	CALVER!	ľ	LONG	7	JANUARY	75.	1987		7:00
3. SE	X	RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS L			ER I YEAR DAYS	IF UNDER 24 H
	Male	Black	MONTH 6	9 09	77	Y	RS.	DATS	HOURS M
70 8I	IRTHPLACE (STATE OR FOREIGN	b. CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE C			EATH	
4	COUNTRY)		WIDOWED [	NEVER MARRIED 3	BALTIMO	ORE CI	TY		
10 C	Maryland ITY OR TOWN OF DEATH	II S.  1. NAME OF HOSPITAL, NURSIN			12a USUAL OCCI				BUSINESS
	BALTIMORE	MARY LAND GENERA		PITAL	Porter			oustry etail	
130 5	Md.	other institution, give residence before 13c. CITY OR TOWN Balto.	N 13	86 INSIDE CITY LIMITS?	13e STREET ADDR 1701 N.			e 2	1217
14. FA	ATHER'S NAME FIRST  Henry	Long LAST	15	S. MOTHER'S MAIDEN NA/ Annie	AE MID	DLE	Gre	en LAST	
	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE YES WWII	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 150-09-		Ms. Bertina	28		Leasan	it St	
		one couse per line for (a), (b), one	dicui	rcinoma of I		us con ,		APPROXI	MATE INTERVAL
	Conditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE							
FICATION	gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	ENCE OF		200 AUTOPSY	20b. I	FYES, WER	E FINDIN	GS USED OF DEATH?
AL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT CO  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAL	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  DIDITIONS CONTRIBUTING TO D  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DA	DEATH BUT NO		200 AUTOPSY	20b. I	F YES, WER ERTIFYING YES	E FINDIN CAUSES	IGS USED
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT CO  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  WHILE ON WHILE ALL WORK ALL WORK  ALL WORK  ALL WORK  ALL WORK	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  DIDITIONS CONTRIBUTING TO D  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, F.	OPERATION V  AY YEAR  19  2	WAS PERFORMED  TIE. HOW INJURY OCCUR!  TIE. LOCATION STREET	200 AUTOPSYT	P 20b. I IN CI	F YES, WER ERTIFYING YES TO M 18 PART I OF	E FINDIN CAUSES RPART 2)	GS USED OF DEATH? NO
	gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COUNTY OF THE SIGNIFICANT OF THE SIGNIFICA	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  DIDITIONS CONTRIBUTING TO DE  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21c. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F.	OPERATION OPERAT	WAS PERFORMED  TIE. HOW INJURY OCCUR!  TIE. LOCATION STREET	YES NO NOTED (ENTERNATURE CONTINUE), 10 January depth occurred on MEDICAL DIRECTOR P	20b. I IN CI OF INJURY IN ITE! OR TOWN  The dote one  STAFF HYSICIAN	FYES, WER ERTIFYING YES W M IS PART I OF	E FINDIN CAUSES  RPART 2)  DUNTY	GS USED OF DEATH? NO

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by 1 should be detached far use as the burial-transit permit. Then please 1 with the State Dept. of Health and Mental Hygiene prior to burial, cro

d PHYSICIAN: The ottending physicion.

ATTENDING

FOR

Anatomy Board

Balto., Md.



JAN 27 BBJ Julie Miller Space

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

[SPECIFY]

BURIAL

24 FUNERAL DIRECTOR GEORGE GONCE 4001 RITCHIE HWY BALTO MD 21225

01/05/87

GLEN HAVEN MEM PARK GLEN BURNIE AA

CITY OR TOWN

IF LINDER I VEAR

INDUSTRY

COUNTY

22c. DATE SIGNED

IF LINDER 21 MRS

21225

STATE

STATE

12b. KIND OF BUSINESS OR

AUTOMOBILE

LAST

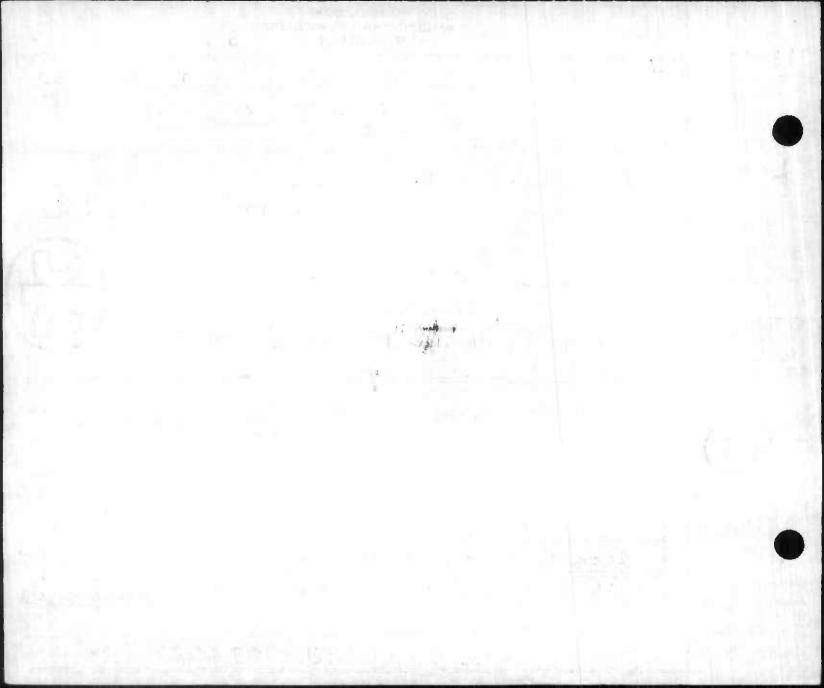
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

AND STREET STREET, STR

adu gwal (BAH

The same age was a series of the same and th THE CHAIL BASIS ON OTHER TWO STROTTS THE SOURCE

	1						E OF MARYLAN					
0.5.5.5	1.	FOR STATE REGISTRAR			DEP		FICATE OF DE		IENE B REG. NI	0	1 3	3 ;
3527 FEB	DE	CEAGED NAME FIF	PST	,	MIDDLE		LAST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
page ;		FRANCI				LOV					28 87	2050 M
4 mg	3 SE		4 R	ACE		MON	OF BIRTH DAY	YEAR	6 AGE (IN YEARS LAST BIR		ONIHS DAYS	HOURS MIN.
oge oge	2 0	F		W	WILLY COLL	6		37	49	YRS		
leoth P		IRTHPLACE (STATE OR FOREIG COUNTRY) XXXXXXXXIIICHIQ	gan	XXXX	WHAT COUN	SA WIDOW		ORCED	9 BALTIMORE CITY O Baltimore		OF DEATH	MD.
by the fulled with	B	ALTIMORE	1	ST. AC	NES HO	STREET ADDRESS)	OR OTHER INSTIT	TUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIFE		126. KIND OF INDUSTRY Home	BUSINESS OR
filled in	130	MD A	COUNTY	RUND	13c CITY OF			NO 🛣	130 STREET ADDRESS A		ANOVER,	1076 MD
mpletely ond 2 s	1	John Mo	CALLO	ster	Kater	L L	Is MOTHER'S	MAIDEN NAA Inet	AE MIDDLE	J	RUKER P	ullar
on ond co		VAS DECEASED EVER IN U YES NO ORUNKNOWN) (IF	YES, GIVE WA			SECURITY NO. 0-1439	James &	_	ADDRE 2 same as	,		
physicia npopers movof.		18. CAUSE OF DEATH (E) PART I. DEATH WAS C	nter only or CAUSED BY MEDIATE C.	ti j			PIRMOR	y A	PREST		APPROXIM BETWEEN OF	MATE INTERVAL
that the death ce d by the ottending lease remove carbo ial, cremation, or re or other traumatic		Conditions, if ony, wh gave rise to immedicouse (a), stating underlying cause lo	ate the	(b) 1	MASS	SEQUENCE OF	tenore	-HAGE	IN THE 1	OSTEKI FOSA,	OK.	
equires a signed Then pl to burn injury, a	NOI	PART 2 OTHER SIGNIFIC	ANT CON	IDITIONS <u>CC</u>	ONTRIBUTING	G TO DEATH BU	NOT RELATED T	O THE TERMI	NAL DISEASE OR CON	OITION GIVE	N IN PART 110	
1/10	CERTIFICATION	190 DATE OF OPERATION		196. CONDI	TION FOR W	HICH OPERATION	N WAS PERFOR	MED	YES NO		WERE FINDING ING CAUSES O	
		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALE)	OF DEATH	216. TIME O HOUR A.	M. MONTH	H DAY YEAR	21c HOW INJU	URY OCCURR	ED (ENTER NATURE OF INJUI	TY IN ITEM 18 PAI	RT   OR PART 2)	
G PHYS ottendin er this s the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e PLACE ( (AT HOME STR		OFFICE, FARM, ETC.)	21f LOCATION	4	CITY OR TO	WN	COUNTY	51 ATE
ATTENDING ospital or a ECTOR Afte of for use as it, of Health m 21 is morth		22a.1 certify that (1) (this saw the deceased of abave, (1) (we) (did) ( 22b. SIGNATURE	ive on S	JONVA	1-4 23			, 19 8 our) apinion d	to ANUM leath occurred an the do	ite and hour	and from the co	
ITAL OR PAY THE PAY THE PAY THE PAY THE DEPTH TOTE DEPTH PAY TOTE DEPTH PAY THE PAY TH		Ohean	C.	me	ulez	1 22	PH	TENDING HYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	IAN	220. DATE S	AN 1987
TO HOSPIT, retained by TO FUNER, should be d with the Sto		OS CARD	C.	MENI	DEZ.	, M - D.	1	KINES		-19E	1 4 4	OKE, MI
	23a I	BURIAL, CREMATION, REM Burial		B DATE	1067		EMETERY OR CR		23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	onaldson Fun			1987 P.A. L		wn Ceme cryland	25a DATE	Rockville RECD BY REGISTRAN 1987 Julia	DI REGISTR	AR SIGNAIL	MD BE
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	It	em # 23b, Fil	m G 625	, 3/2/87	ra	STAT	OF MARYLAND				
	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 /REG	NO. 0	1 3	3 0
937 JAN 2		CPASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
moy be good		FUR PRINT)	James	s R	obert		Love	Janaua.	ry 23,	1987	7:20
moy moy	3 SE	X		RACE		5. DATE C		6. AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER I YEAR	HOURS M
director. p	IV.	ale		White		May	20, 1927	59	YRS.		
D 0 and		RTHPLACE (STATE OR			WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	-1-1-
he funeral within 72 h		orth Carol		U.S.A.		WIDOWE			more Ci		
by the filed with solution of the filed with sol		Baltimore	AIH	(IF NOT IN SUC	HOSPITAL, NUKSIN THEACHITY, GIVE STREET and Gener	AOORESS)	spital	(TYPE OF WORK FOR MO  Disabled		(E) INDUSTRY	OF BUSINESS
24 hou	13a.	al residence (if NURS STATE [aryland	13b. COUN		136. CITY OR TOW  Baltimor	N	13d. INSIDE CITY LIMITS?	13. STREET ADDRES	ss / zip code aw Stre	et 21	201
within within d 2 sho		ATHER'S NAME					15 MOTHER'S MAIDEN NAM	ΛĒ	4		
and	E	rnest	Wi	lson	Love,	Sr.	Eva	Penny		Mil	ler
5 0 -	16a. \	VAS DECEASED EVER			166. SOCIAL SECU		17, INFORMANT		ZEBox 3	19	
and of the control of		YES, NO OR UNKNOWN)	WW I	WAR OR DATES)	245-32-4	869	Stewart M. L	ove Ashe	boro, N	r.C. 2	7203
		18 CAUSE OF DEAT	H (Enter onl)	y one couse per	r line for (o), (b), one	dien U	pper Gastro I	ntenstion	al	APPRO	XIMATE INTERVAL ONSET AND DEA
been signed by the offinition privile min. Then please remove a familiary prior to buriol, cremation only injury, or other frou matter event.	MION		nediote ng the lost.  NIFICANT CORY OF A	onditions calcohol	RASACONSEQUE Metabo ONTRIBUTING TO D Abuse, C	NCE OF lic A DEATH BUT	lar Collapse  sidosis  NOT RELATED TO THE TERM!  C  N WAS PERFORMED	INAL DISEASE OR C		'EN IN PART 1	
ws peer	CERTIFICATION					OPERATIO		YES O NO	IN CERTIF	YING CAUSE	S OF DEATH?
phys phys phys of Hy of Hy		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	n	OF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM TO P	PART T OR PART 2}	
the one	MEDICAL	21d. INJURY OCCUR WHILE NOT WI AT WORK AT WO			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY O	RIOWN	COUNTY	STATE
		220 I certify that (I) sow the deceas above, by (we) (	ed alive on	1-23	10	1-22 87 . or	, 19 <u>87</u> ad that in (m¥) (our) opinion o	, to <u>1-22</u> death occurred on th			, that <b>X</b> i (we) e couses stated
O HOSPITAL OR ATTEN etorned by the hospitol TO FUNERAL DIRECTOR, should be detoched for us with the Stote Dept. of He MPORTANT: If them 21 is		22h SIGNATURE	Did	MAN			ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [		= SIGNED -23-87
etoined by TO FUNERA should be de with the Stot		22d PHYSICIAN'S D	AME (TYPE OR	R			220 ADDRESS  Maryland Ge.		pital,	Baltim	ore Mai
BP_/5	I	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	23b. DATE 2			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN The	masyill	county Le N.C	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		eonard J.	Ruck,	Inc. I	Baltimore	Mar	yland 250 DA	AN A C TO	R 251 A CO.	Reporter	el. Promis

### STATE OF MARYLAND

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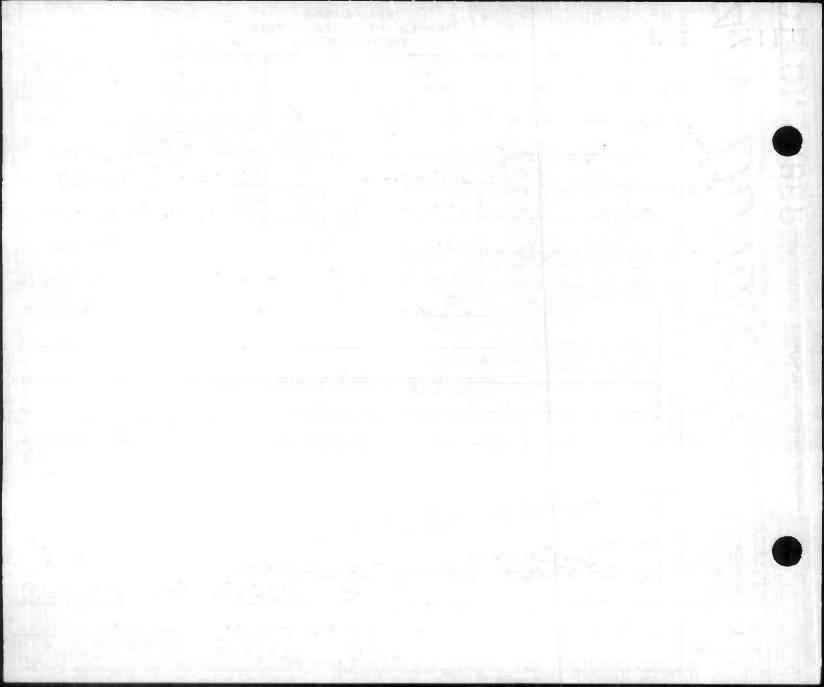
AN.	0 8	STATE REGISTRAR			DEPARTA		FICATE OF DEATH	BIENE 8 / REG. N	0	1 3	3 /
		CEASED NAME OR PRINT)	FIRST	MI	IDDLE		LAST	26. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
	,,,,,	Wi	illiam	I	F.	LO	VE, SR.	/	18	84	7 AN
	3. SE)		4 F	RACE		S. DATE O		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
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D		RTHPLACE (STATE OR FOR	REIGN 76.	CITIZEN OF W	HAT COUNTRY?	MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY C	_	FDEATH	
		Maryland		USA		WIDOWI	Name of the last o	Baltimore			W
	10. CI	TY OR TOWN OF DEATH		(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR
00	E 10 11	Baltimore AL RESIDENCE (IF NURSING			Deering		ue	Mail Carri	er.	U.S.	Postal S
25	13a S		36 COUNTY		Baltimo:	'N	13d. INSIDE CITY LIMITS? YES NO [	13e.STREET ADDRESS 2039 Deer		nue, 2	21230
	14. FA	THER'S NAME	MIDE	DLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAS	T.
20		Augustus	F		Love		Anna	Α.		Eichh	orst
2		VAS DECEASED EVER IN	U.S. ARMEI		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR			
	- '	Yes		II	216-07-	6355	William F. L	ove, Jr., 6	01 Rive		
		18 CAUSE OF DEATH	Enter only o	ne couse per li			0 / 0				MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS	MMEDIATE C		Carca	non	e y low.	7		(OH	nonth-
orber fro		gove rise to imme couse (a), stating underlying couse		DUE TO, OR	AS A CONSEQUE	ENCE OF					
y injury, or other fro	TION	couse (a), stating underlying couse  PART 2. OTHER SIGNIF	diote the lost FICANT CON	(c)	ntributing to [	DEATH BUT	NOT RELATED TO THE TERM				
one minut, or omer to	TIFICATION	couse (a), stating underlying couse	diote the lost FICANT CON	(c)	ntributing to [	DEATH BUT	NOT RELATED TO THE TERM ON WAS PERFORMED	200 AUTOPSY?  YES \( \text{NO} \)	20b. IF YES, V	WERE FINDIN	
1	CAL CERTIFICATION	COUSE (O), stoting underlying couse  PART 2. OTHER SIGNIF  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAI	diate the lost	19b. CONDIT	NTRIBUTING TO DELIVERY	DEATH BUT		200 AUTOPSY?  YES NO	20b. IF YES, V IN CERTIFY!! YES	WERE FINDING CAUSES	NGS USED OF DEATH?
ked or Hem 18 shows ony injury, or other tro	MEDICAL CERTIFICATION	COUSE (O), stoting underlying couse  PART 2: OTHER SIGNIF  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICA)  21d, IN JURY OCCURRE WHILE NOT WHILE	diate the lost  FICANT CON  ON  REVING USE OF DEATH L EXAMINER)	19b. CONDIT	NTRIBUTING TO I	OPERATION  AY YEAR  19	DN WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, V IN CERTIFY II YES	WERE FINDING CAUSES	NGS USED OF DEATH?
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shows 1		COUSE (O), stoting underlying couse  PART 2. OTHER SIGNIE  19a DATE OF OPERATION  21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICA)  21d. IN JURY OCCURRE  AT WORK NOTIFY MEDICA  27d. IN JURY OCCURRE  AT WORK NOTIFY MEDICA  27d. IN JURY OCCURRE  AT WORK NOTIFY MEDICA  27d. IN JURY OCCURRE  27d. 1 certify that (I) (f)	diate the lost  FICANT CON  ON  REVING USE OF DEATH L EXAMINER)  D  E Use of operations of the control of the c	19b. CONDIT  19b. CONDIT  21b. TIME OF HOUR A.M P.M  21e. PLACE O (AT HOME STREE)	INTRIBUTING TO LE	OPERATIO  AY YEAR  19	216 HOW INJURY OCCUR 211 LOCATION STREET  , 19  nd that in (my) (our) opinion  DEGREE  ATTENDING	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b. IF YES, VIN CERTIFYII YES  RY IN ITEM 18 PAR1  OWN  19 ofe and hour a	WERE FINDING CAUSES  T I OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE
ANT: If hem 2 is morked or item 18 shows.		COUSE (O), stoting underlying couse  PART 2. OTHER SIGNIF  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTHY MEDICAL  21d. INJURY OCCURRE  WHILE NOT WHILE AT WORK NOT WHILE AT WORK  22a.1 certify that (I) (I  saw the deceased above, (I) (we II)	diote the lost  FICANT CON  ON  REYING USE OF DEATH LEXAMINER)  D  E  Olive on  AE (TYPEOR PR	19b. CONDIT  19b. CONDIT  21b. TIME OF HOUR A.M. P.M.  21e. PLACE O (AT HOME STREE)  ottended the	INTRIBUTING TO LE	OPERATIO  AY YEAR  19	216 HOW INJURY OCCUR 211 LOCATION STREET  , 19  nd that in (my) (our) opinion  DEGREE  ATTENDING	200 AUTOPSY?  YES NO CITY OR TO  to death occurred on the death occurred occurred on the death occurred occurred on the death occurred occ	20b. IF YES, VIN CERTIFYII YES  RY IN ITEM 18 PAR1  OWN  19 ofe and hour a	WERE FINDING CAUSES  T I OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE
shows 1	WEDICAL WEDICAL	COUSE (O), stoting underlying couse  PART 2. OTHER SIGNIF  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTHEY MEDICAI  21d. IN JURY OCCURRE WHILE NOTHEN IN ONE AT WORK  22a.1 certify that (I) (the saw the deceased obove, (I) (we) 12 to obove, (I) (We)	diote the lost  FICANT CON  ON  REYING USE OF DEATH LEXAMINER)  D  E  Olive on  AE (TYPEOR PR	19b. CONDIT  19b. CONDIT  21b. TIME OF HOUR A.M. P.M.  21e. PLACE O (AT HOME STREE)  ottended the	ION FOR WHICH INJURY A. MONTH D. A. DE INJURY ET. FACTORY, OFFICE, F deceased from	OPERATION  OPERATION  AY YEAR  19  **ARM.EIC.)	211 LOCATION 211 LOCATION 211 LOCATION 218 LOCATION 219 nd that in (my) (our) opinion  DEGREE 210 ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO  RED (ENTER NATURE OF INJU  CITY OR TO  death accurred on the d  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YES, VIN CERTIFYII YES RY IN ITEM 18 PART	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	NGS USED OF DEATH? NO  STATE  that (I) (we) last couses stated
ANT: If hem 2 is morked or item 18 shows.	WEDICAL WEDICAL	COUSE (O), stoting underlying couse  PART 2. OTHER SIGNIF  190 DATE OF OPERATION  210, ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTHEY MEDICAL  110, INJURY OCCURRE  WHILE NOTHER AT WORK  220.1 certify that (I) (1) saw the deceosed above, (I) (We) 13-10  220. SIGNATURI  220. PHYSICIAN'S NAW  Dr. Gorm.	diote the lost  FICANT CON  ON  RLYING USE OF DEATH L EXAMINER)  D  E (TYPEOR PR  LEY  LEY  LEY  LEY  LEY  LEY  LEY  LE	19b. CONDIT  19b. CONDIT  21b. TIME OF HOUR A.M P.M  21e. PLACE O (AT HOME STREE)  ottended the	INJURY A. MONTH D.  INJURY A. MONTH D.  A. General Street	OPERATIO  AY YEAR  19  FARM.EIC)	216. HOW INJURY OCCUR  211. LOCATION STREET  . 19  nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  226. ADDRESS  GOO CATO	200 AUTOPSY?  YES NO  RED (ENTER NATURE OF INJU  CITY OR TO  MEDICAL STA  DOIRECTOR PHYSI  234 LOCATION CITY OR TOWN	20b. IF YES, VIN CERTIFY III YES  RY IN ITEM 18 PART  OWN  19  ofe and hour a	WERE FINDING CAUSES  T I OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE

4107 Wilkens Ave

DHMH - 16 60M 7/84 (VRA 15, 4)

Hubbard Funeral Home, Inc.,

BP.



FOR

## STATE OF MARYLAND **DEPARTMENT OF HE**

ALTH AND MENTAL HYD CATE OF DEATH	SIENE 8	REG. N	0	ļ	J	3	ਬੋ
ī	2a. DATE C	OF DEATH	HINOM	OAY	YEAR	2b. HC	OUR

2	28	REGISTRAR		CER	TIFICATE OF DEATH	REG. N	0.	1 0	4.3
Ga.		CEASED NAME FIRST		NIOOLE	LAST	20. DATE OF DEATH	MONTH OA	Y YEAR	26 HOUR
	(TYPE	FRA FRA	NK	J. LV	IBINSKI		1 19	187	735am
	3. SE)		4 RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
	/	Male	White	e Š	eptember 25th 1	911 75	YRS.	DAYS DAYS	HOURS MIN.
X	20 BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	RRIED NEVER MARRIED	9. BALTIMORE CITY O		F DEATH	1990
-	1000	Maryland	USZ	1	DWED DIVORCED		org (	ity	MD.
1	100	Baltimore	11. NAME OF H	HOSPITAL, NURSING HOP HEACHITY, GIVE STREET ADDRESS LS SCOTT Key	Medical Cente	170 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Maintenan	F WORKING LIFE)	INDUSTRY	f BUSINESS OR al Motors
5		AL RESIDENCE (IF NURSING HOME STATE 135. CO Maryland Bal		GIVE RESIDENCE BEFORE ADMISS 13c, CITY OR TOWN Dundalk	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1626 Sear	ZIP CODE les Rd	•	21222
30	1	ATHER'S NAME Peter	MIDOLE	Lubinski	15. MOTHER'S MAIDEN N Rose FRST	AME		Jawors	ki
-		VAS DECEASED EVER IN U.S.		166 SOCIAL SECURITY N	O. 17. INFORMANT	ADDRE	SS		No. 10
2	-	YES NO OR UNKNOWN) (IF YES.	WW II	213-09-4321	Mary E. Lu	binski 1626	Searl	es Rd.	21222
	Z	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	(c)	R AS A CONSEQUENCE OF	DF by lateral BUT NOT RELATED TO THE TER	C V A	DITION GIVEN	N IN PART Tro	21
L	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, Y IN CERTIFYI YES	WERE FINDIN	IGS USED OF DEATH?
7	EDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	m. month day ye m,	AR 19	PRRED (ENTER NATURE OF INUIT	_		
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY IEET, FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did	n \ /	19 19.87	, and that in (my) (pur) opinio		19 ote and hour c		that (I) (we) last causes stated
		276. SIGNATURE La	Stam	- No		MEDICAL STA	IAN X	22c. DATE	100
1		22d PHYSICIAN'S NAME (TYP	STERA	J	170 ADDRESS 4940 &	astern Ave	Ball	Huns	HDZIZZE
		BURIAL, CREMATION, REMOV. (SPEC#Y) Burial	23b. DATE 1-23-8		of cemetery or crematory Lawn	23d LOCATION CITY OF TOWN Baltimor	e, Mar	yland	STATE

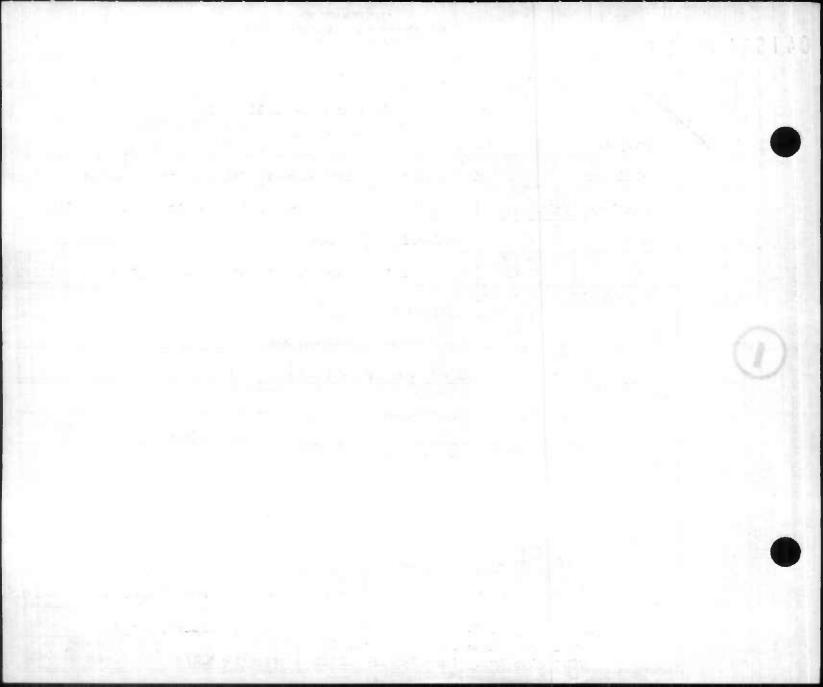
DHMH - 16 60M 7/84 (VRA 15, 4)

BP

14 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk

250. DATE RECID. BY REGISTRAR 251. REGISTRAR'S SIGNATURE

7922 Wise Ave. Dundalk, MD



### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2n DATE OF DEATH (TYPE OR PRINT) Lucas 141 3. SEX 4 RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY 74. BIRTHPLACE TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH - I STATE OR FOREIGN MARRIED PNEVER MARRIED COUNTRY WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION THE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HADOUC C DECUTITE MAINKRANCE SUAL RESIDENCE (IF NURSING) ONE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13d INSIDE GITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 2712 WN Svenur. A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE DINARD LUCAS DRRINE ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO DRJUNKNOWN) GITRUBIA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: archae IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 70a AUTOPSY? 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [] 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21f. LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE

IGNATURE

220.1 certify that (1) (this hospital) attended the deceased from

abave, (1) (we) (did) (did not view the body after death

saw the deceased alive on \_ ( )

ATTENDING MEDICAL STAFF PHYSICIAN [] DIRECTOR PHYSICIAL THE BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b DAJE COUNTY 10UNT ZION 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AND 24 FUNERAL DIRECTOR

DEGREE

ten

2b HOUR

176 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

COUNTY

22c. DATE SIGNED

STATE

CITY OR TOWN

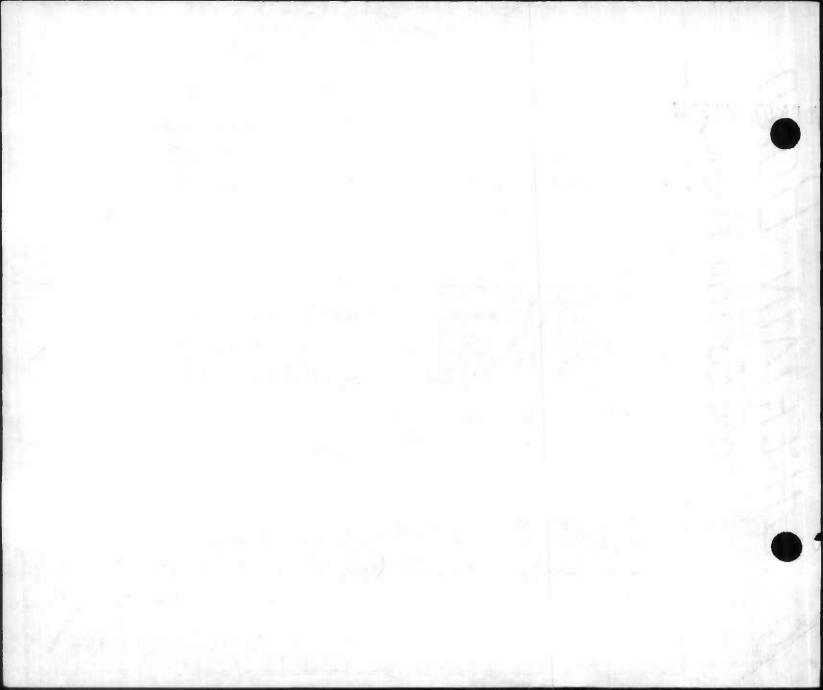
19 87, and that in (my) (our) apinion death occurred on the date and hour and I am the causes stated

IF UNDER 1 YEAR

000

F UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attached be detached for use as the burial-transit permit. Then please removing the State Dept. of Health and Mental Hygiene prior to burial, crematia

BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

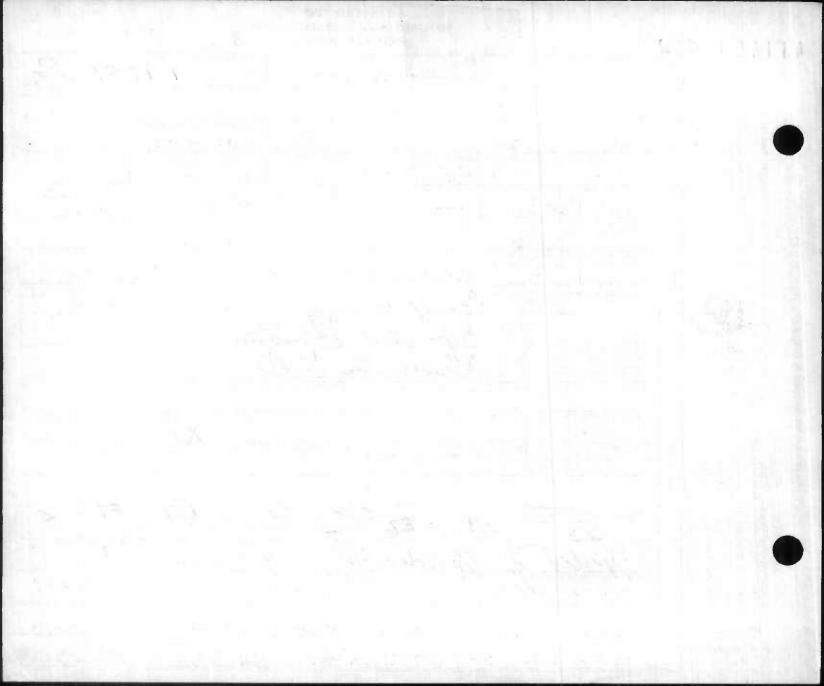
filled in by the funeral director, page 3 and be filed within 72 hours after death

STATE	OF	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- 2	0	- 8
8		11	1
U	DEC NO	10	-

R	7 REGISTRAR	PEI AILII	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 / <sub>REG NO.</sub> 0	1 5 4
DE	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOL
TYPE	E OR PRINT)		LUKOSEVICIUS	11	7 87 65
3. SE		4 RACE	IS. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER
1		37 34	MONTH DAY YEAR		MONTHS DATS HOURS
24	Female	White	Mar. 28 07	79 YRS	
19681	TRIHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
1	Germany	Germany	WIDOWED DIVORCED		
0. CI	ITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)</li> </ol>	ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINE
10	Baltimore	St. Agnes Ho	ospital	Homemaker .	
U5U.	AL RESIDENCE (IF NURSING HE ME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e.STREET ADDRESS / ZIP COD	2122
	1 34	timore Arbutus	YES NO X	4315 Wilkens Av	L .
	ATHER'S NAME		15 MOTHER'S MAIDEN N		0.7 1.00. 1
	FIRST TINTE	MIDDLE LAST	FIRST	UNKNOWN	LAST
60 V	WAS DECEASED EVER IN U.S. AF	NOWN PMED FORCES?   1466 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	
	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)			1
	No	<b></b> [324-34-0]	323 Jonas Lukose	evicius, 4315 Wil	
	18 CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b), and D BY:	dici.i		APPROXIMATE INTE
		TE CAUSE (o)	culmonary (	every	melden
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OF TO, AND INSEQUE	INCE OF THE CV	D	
ION	gove rise to immediate couse (a), stating the underlying cause last.	(c) Chleres	DEATH BUT NOT RELATED TO THE TER		
TIFICATION	gove rise to immediate couse (a), stating the underlying cause last.	CONDITIONS CONTRIBUTING TO D	robal Impare	200 AUTOPSY? 206. IF YE	VEN IN PART 110  S, WERE FINDINGS USEE FYING CAUSES OF DEAT ES NO
CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D  196. CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH DA	DEATH BUT NOT RELATED TO THE TER  OPERATION WAS PERFORMED  216. HOW INJURY OCCU	200 AUTOPSY? 206. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEAT ESNO
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	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTEY MEDICAL EXAMINE ALL WORK NOTEY MEDICAL EXAMINE ALL WORK NOTEY MEDICAL EXAMINE ALL WORK SOW the discussed alive or obove, (f) wexided (did not the course)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F  (101) attended the deceosed from 191) view the body after death.	OPERATION WAS PERFORMED  21c. HOW INJURY OCCU AY YEAR 19 21f. LOCATION SIREET  ARM, ETC.)  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  200 IF YE IN CERTIN CER	S, WERE FINDINGS USEL FYING CAUSES OF DEAT ES NO PART 1 OR PART 2)  COUNTY S
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## STATE OF MARYLAND

3	REG. NO.	0	-	3	4
	KLO. 140.				

7	17	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	B / REG. NO.	0 1 3	41
1	17996	CEASED NAME RAVROW	D 7.	Lo	KZ SR.	20 DATE OF DEATH MONT	28-87	1:05 P.
1	3. SE3	M	RACE WHITE CITIZEN OF WHAT COUNTRY	5. DATE C	5.23,1923	6 AGE (IN YEARS LAST BIRTHDAY) 6 3 9 BALTIMORE CITY OR CO	MONTHS DAYS	# UNDER 24 HRS HOURS MIN.
1		MD.	U.S.A.	WIDOWE	D DIVORCED	BALTO.	CITY	MD.
1	1	BALTO.	FRANCIS SCE	TADDRESSY	PROTHER INSTITUTION	12a USUAL OCCUPATION TYPE O WORK FOR MOST OF WOR	IXING LIFE) INDUSTRY	NTEK
5	13a.5	MD.		RE ADMISSIONAL NN 70	YES NO	130 STREET ADDRESS / ZIP	CODE 2 EHLAND	1224 14VE.
0	H. FA	EDWALD "	T. LURZ		MARIE	ROSE	SPE	RSLE
100	16a. W		PARORDATES) 166. SOCIAL SEC VARORDATES) 217-14	-5360	AUNA T.	LURZ SAME	EAS 13	
1		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY. Pandin	1	REEST		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
-		Canditions, if ony, which gave rise to immediate course in), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE (c)	OP		75 - Blood la	220	
	NOI	PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing to</u>	DEATH BUT	NOT RELATED TO THE TERMI	nal disease or conditio	ON GIVEN IN PART 110	
2	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED		IF YES, WERE FINDIN CERTIFYING CAUSES YES	
9	CAL CERT	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH E	DAY YEAR		ED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)	
1	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a I certify that () (this hospito saw the deceased alive of above (I)(we) (did) (did not) 22b. SIGNA (MRE		<i>87</i> , or	, 19 <u>86</u> , 19 <u>86</u> nd that in (aur) opinian o	, to, to		
		Steven L	Lachow		MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	1-29	
1		STEVEN E	ELACHOW		9105 FRANK	IIN Square	Dr. Ba	HIMORE 21237
		BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	RICOUNTY	C 147

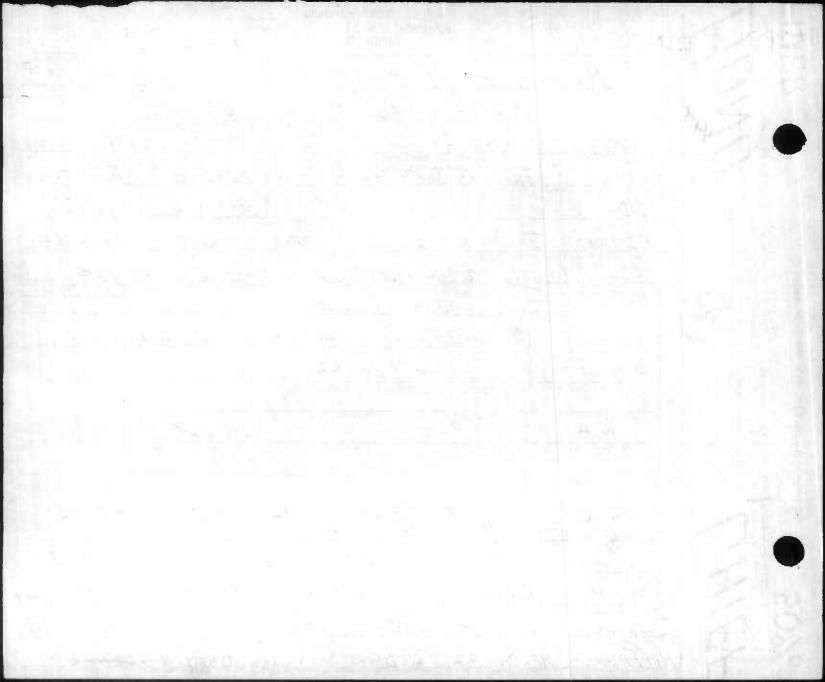
DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR.

TO HOSPITAL

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL

0/4 3 2 1 5 FEB		OR STATE REGISTRAR		MENT OF CERTI	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	8 REG. NO	1 3 4 2		
nay be page 3		CEASED NAME FIRST	F.		LYOND	20 DATE OF DEATH	1/87 3:11 PM		
ge 4 may ector. pa	3. SE	MALE	WHITE		OF BIRTH	6 AGE (IN YEARS LAST BIRTH AY)	PLINDER LIFE AN OF LINEER 34 HWS.		
north. Po		RTHPLACE (STATE OF FOREIGN RYLAND	76. CITIZEN OF WHAT COUNTRY  USA	? 8. MARRI WIDOW	ED NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY BALTIMORE CIT			
by the fulfilled with	11	TY OR TOWN OF DEATH LTIMORE	11. NAME OF HOSPITAL, NURSI (IF NOT INSUCHE CUITY, CIVE STEP STNAT HOSP		OR OTHER INSTITUTION	120. USUAL OCCUPATION IMANAGER MANAGER	12b. KIND OF BUSINESS OR INCENTED IN REALY ESTATE		
filled in by	130		POTHER INSTITUTION, GIVE RESIDENCE BEFORE PT KESV		13d. INSIDE CITY LIMITS?	135827 APESATEBOP	EDR. (21208)		
BALTIMORE, MARYLAND cate be executed within 24 spicion and completely filler apers. Pages (7 and 2 shoots vol.  11, the medical examine mu		RRIS	MIDDLE LYON LAST		15. MOTHER'S MAIDEN NA ESTHER	WIDDIE	JACOBS		
IMORE,		VAS DECEASED EVER IN U.S. AR YES. NO OR UNIX DOWN) (IF YES GIV	RMED FORCES? 166 SOCIAL SEC VELWAR OR DATES)	URITY NO.	MRS. MIRIAM	LYON 3020 LIGHT	TFOOT DR. (21208)		
DS, 201 W. PRESTON ST., quires that the death certifications by the ettending phen please remove carbana to buriol, cremation, or removed to buriol, cremation, or removed to the stroumotic eventury, or other troumotic eventuals.	z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
L RECORD In low req in. In permit. The prepare trior is	CERTIFICATION	THE DATE OF OPERATION	IN. CONDITION FOR WHIC	H OPERATE	ON WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES  NO  NO		
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The low requir or attending physicion.  After this certificate has been signers as the buriol-transit permit. Then olth and Mental Hygiene prior to be marked or them 18 shows any injury	MEDICAL CERT	THE ACCREAN WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- 19 ETHER MOTEY MEDICAL EXAMPLE 214 PAJURY OCCURRED WHISE OF MOTE CAUSE OF THE CAUSE CAUS	Ale HOUR A.M. MONTH I	19	TH. HOW INJURY OCCUR! THE LOCATION	CITY OF TOWN	100		
TO HOSPITAL OR ATTENDING retained by the hospital or or TO FUNERAL DIRECTOR: aftitishold be detached for use as with the State Dept. of Health MAPORTANT. If them 21 is morth		274.3 certify the 10 thu sow the deceased alive on	The deceased from 19 and 19 an	\$7 -Cu	DEGREE ATTENDING PHYSICIAN 1776 ADDRESS	death occurred on the date and her  MEDICAL STAFF DIRECTOR PHYSICIAN	10 the (11) out one from the course stated  22t DATE SIGNED  21 87  24 BIV D. 21215		
DD 5 5 3 ₹ 1		BURTAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	BALTON BALT	O COUNIMD . STATE		

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR SOL I 6010 REISTERSTOWN LEVINSON & BROS. N RD. BALTIMORE,

MD. (21215)

FEB 5 1987 The Denter Signature

J. . Transfer Value - State SHOW WHICH SITH WARRIED 320120 BIS CONTROL SEED COLLE (CELLE CONTROL DE CON mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours ofter death

completely filled

ng physicio

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Walter Brooks Bradley, Inc. Balto., MD 21222

FOR STATE 7 REGISTRAR

# STATE OF MARYLAND

EP.	ARTMENT	OF	HEALTH	H AND	MENTAL	HYGIENE	0
	CE	RTI	FICATE	OF	DEATH		O

Julia Division Rudales

REG. NO

		CEASED NAME FIRST	MID	DIE	i.	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	
	TYPE	Francis	Carro	11	Mach	nen	January 26	, 1987		2:00	
	3. SE)	(	4. RACE		5 DATE OF BIRTH		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HE	
		ile	White		12	22 1913	73	YRS.	NIHS DAYS	HOURS MI	
2	Ja. Bil	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WH	HAT COUNTRY?	8 AAADDIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	F DEATH	+ 525 74	
20	Ma	ryland	U.S.A.		WIDOWE	D DIVORCED	Baltimore				
1		ty or town of death	(IF NOT IN SUCH F.	ACILITY, GIVE STREET	ADDRESS)	dical Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Welder	ON WORKING LIFE)	INDUSTRY	r Maker	
2	13a S	AL RESIDENCE HE NURSING HOME OR OUN TOUR PROPERTY OUN BUILTI	TY 13	ve residence before Bac CITY OR TOW Dundalk		13d. INSIDE CITY LIMITS? YES NO 🔀	13. STREET ADDRESS / 2483 Fairwa	ZIP CODE LY 2122	22		
19	14. FA	THER'S NAME	AIDDLE	LACT		15 MOTHER'S MAIDEN NA				J-177	
X	Wi	lliam Wile		Machen,	Sr.	Carrie	Owens		Hewi	itt	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		VAS DECEASED EVER IN U.S. AR/	MED FORCES? 16	b SOCIAL SECU	RITY NO.	17. INFORMANT	DRMANT ADDRESS				
	No		_ 2	13.07.29	79	Lorraine R. Machen (same as 13e)					
		RECORD FOR THE LETTER and you one cause per line for (a), (b), and (c).)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   Acute was concluded in formation of the conclusions, if any, which gove rise to immediate cause (a), stating the underlying cause last.   Approximate in proceeding conclusions of the conclusion of the cause of the conclusions of the cause cause last.   Approximate in proceeding the conclusion of the conclusion of the cause of th									
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
MEDICAL CERTIFICATI	TIFICAT	196. DATE OF OPERATION	196. CONSITIO	ON FOR WHICH	OPERATIO!	N WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FIND IN CERTIFYING CAUSE  YES NO X  YES		NG CAUSES		
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	MONTH DA	Y YEAR						
	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET	INJURY FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE	
		220.1 certify that (1) (this hospit	, to	7 . 19		that (I) (we) l					
	19.3	sow the deceased alive an									
		226. SIGNATURE	1	•		DEGREE			22c DATE	SIGNED	
	. 11	Vholbs.	Orm	in	in	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN		1/27	/1987	
1		22d. PHYSICIAN'S NAME PE OF			22e ADDRESS						
/		Nicholas J. Fo	rtuin		9 E. Chase Street						
		URIAL, CREMATION, REMOVAL	23b. DATE				23d LOCATION				
	Bu	rial	1/30/19	1987 Oak Lawn Cemetery			Baltimore City, MD				

Oak Lawn Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: should be detoched for with the State Dept. of IMPORTANT: # # a transfer for the stay on the transfer the

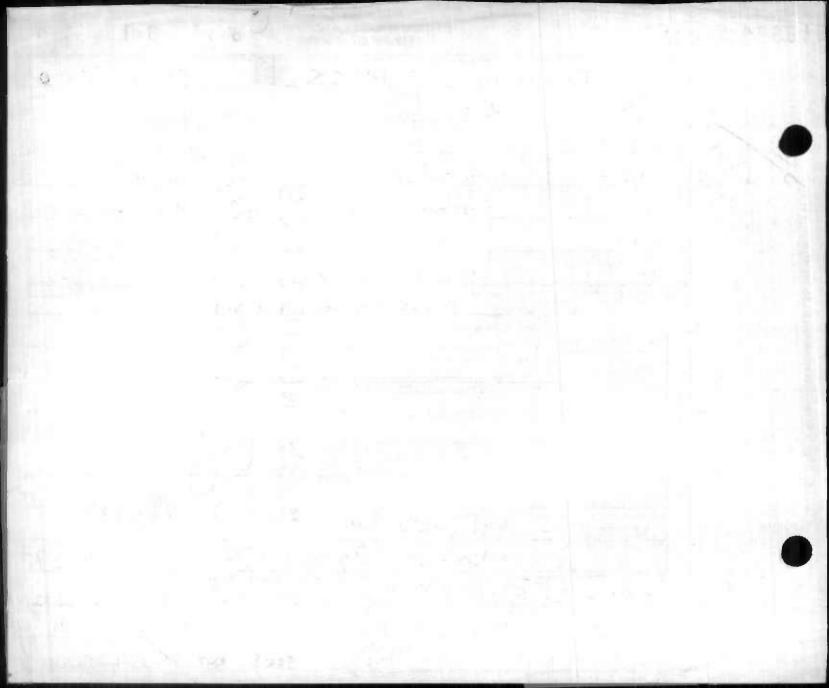
	•	e -
	FENDING PHYSICIAN; The law requires that the death certificate be executed within 2.5 personal action. Page 4 may be ital or attending physician.	OR. After this certificate has been signed by the attending physician and armitetive files with limital arectar, page 3
	4	tor.
-	00	dire
	HOTE.	100
-	1/	4
55	10	4
212	1	d.
AND	4	4
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AL R	The I	e has
YIY.	AN:	ficat
Ö	SICL	cert
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21001	TENDING PHYSICIAN: The lotal or attending physician.	this
DIV	DING to 15	After
	TEND	OR:

0372 JAN 1	-	FOR STATE REGISTRAR				MENT OF I	E OF MARYLAND BEALTH AND MENTAL CICATE OF DEATH		8 7 REG. N	0	1-3	4 4
ay be		CEASED NAME E OR PRINT)	Fra		MIDDLE		Mack	20. D	ATE OF DEATH	MONTH D	8 87	26 HOUR 4:05 AM
ge 4 mar ectar, pa rs after c	3. SE		4	RACE	1.	5. DATE O		2	E (IN YEARS LAST B		ONTHS DAYS	IF UNDER 24 HRS
	1	IRTHPLACE (STATE OR F COUNTRY) nnsylvania	OREIGN 71	USA	WHAT COUNTRY?	8.	D NEVER MARRIED	1 BA	LTIMORE CITY	OR COUNTY		
8	TU.C	Baltimore		1. NAME OF E	urch Hosp	ADDRESS)	DROTHER INSTITUTION	1 120 U	Baltimo ISUAL OCCUPAT OF WORK FOR MOST evator (	TION OF, WORKING LIFE	12b. KIND C	MD.  OF BUSINESS OR
	134.	MD	NG HOME OR O		13c. CITY OR TOW Baltimor	/N	13d. INSIDE CITY LIMIT YES X NO	61	REET ADDRESS		treet	21230
100		ATHER'S NAME FIRST  Daniel WAS DECEASED EVER I		ODLE	Mack		15. MOTHER'S MAIDE FIRST Albina	N NAME	MIDDLE	255	Herb	st
SI', BALTIMORE strificate be exect a physician and anpapers. Pages emaval. event, the medica		YES, NO OR UNKNOWN)  NO  18 CAUSE OF DEATH	(IF YES, GIVE V	WAR OR DATES)	212-42-9	715	Helen Mali	in; 15		RESS West ad St.;	PA	18201
quires that the death ce signed by the attendin then please remaye carb to burial, crematica, ar a niury, ar ather traumatic	NO	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	g the last.	(b) DUE TO, O	R AS A CONSEQUI	ENCE OF	NOT RELATED TO THE	TERMINAL	DISEASE OR COM	NDITION GIVE	N IN PART I	o'
The law re- ician ician isit has been nsit permit. I'giene priar shaws any ii	CERTIFICATION	190 DATE OF OPERAT		196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20c	AUTOPSY?		WERE FINDI	
DIVISION OF VITAL ING PHYSICIAN: The r attending physicia After this certificate h as the burial-transit, th and Mental Hygie arked or frem 18 sha	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC  21d INJURY OCCURR WHILE NOT WHILE AT WORK ALWOR	AUSE OF DEATH ALEXAMINER) ED	P. 21e. PLACE	M. MONTH D.	19	216 HOW INJURY OF	CCURRED (e	NIER NATURE OF INJ		RT I OR PART 2}	STATE
A ATTENDI haspital or RECTOR: A ed for use pp. of Heal		220.1 certify that (I) says the decouse above, (I) (we) (d 22h SIGNATURE	(this hospito			-	nd that in (my) (our) opi		occurred on the c	_		
TO HOSPITAL OR TO FUNERAL DIS should be detach with the State De	22-	22d. PHYSICIAN'S NA Ade L	S-	EL-	Henn	rma	PHYSICIAL PHYSIC	IRCH ROADWA	TOSPITAL BALI	CIAN		YON 21231
BP		BURIAL, CREMATION, I (SPECIFY)  Burial  UNERAL DIRECTOR	(EMOVAL	236. DATE 01-12-			n View Cem.	. We	St Hazle			,
DHAM 14 40M 3/04	24	DIVERNE DIRECTOR			D	altim	070 MD 100	DATE KEL	D. DI KEGISIKAI	A TOO KE CIZIK	AK 5 SIGNAT	UKE

Burial 01-12-87 Mountain View Co

DHMH - 16 60M 7/84

(VRA 15, 4)



ST	ATE	OF	MA	RYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	DEC.

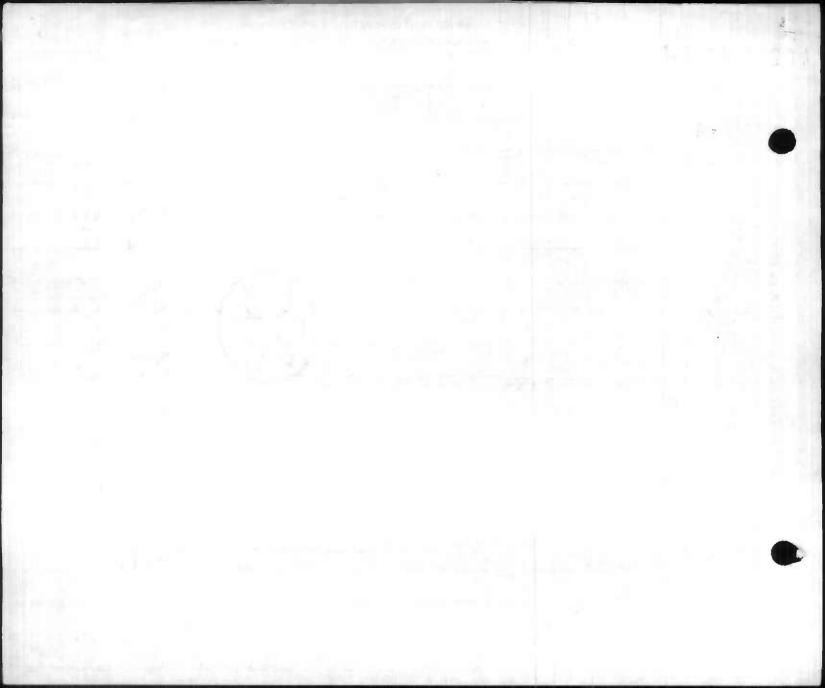
1	1 8	FOR STATE REGISTRAR		DEPARTM		ICATE OF DEATH	IENE 8 7	0 1	3 4	S
-		CEASED NAME F		AIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 H	OUR
			MARGARET	Alcantara	MA	.CK	JANUARY 1			: 34A
	3. SEX	Female	1. RACE White		5. DATE (	DF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER		DER 24 HRS
A	₹D	*	11, 11, 11		)	1) 17	1	YRS	YU	
	C	Maryland	U.S.A		WIDOW	D NEVER MARRIED DED NORCED	9. BALTIMORE CITY O	re (ity		MD.
200		Baltimore	(IF NOT IN SUC	CALLING CONTREET A	OSPI	tal	TYPE OF WORK FOR MOST C		(IND OF BUSI USTRY WOLLVOK	,
	USUA 13a S	TATE, 131	HOME OR OTHER INSTITUTION, COUNTY	13c. CHY OR TOWN	4	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE Avenue 2	1224	
)	14 FA	THER'S NAME  John	WIDDIE	)ietrich		15 MOTHER'S MAIDEN NAI Catherine	ME MIDOLE	Zec	h LAST	
	16a W	AS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECUR		17 INFORMANT	ADDRI			
	()	ES, NO DE UNKNOWN)	TES, GIVE WAR ON DATES!	220-12-0	5929	Margaret A.	Mack 3827 F			
		18 CAUSE OF DEATH	Enter only one couse per	line for (o), (b), and	l (c). I			86	APPROXIMATE IN	TERVAL IND DEATH
	-7	PART I. DEATH WAS	MEDIATE CAUSE (o)	ARDIORE	SPIR	ATORY ARRES	T	4	40 MIN	13
		112	DUE TO, O	R AS A CONSEQUE	NCE OF					
		Conditions, if ony, w				ARREST			MINS	3
į		gove rise to immed couse (o), stoting underlying couse	the DUE TO, OI			SSIBLE PULM UCOUS PLUGG		BOLISM,		
	NO	PARL 2 OTHER SIGNIE	BSTRUCTIV	E PULMO	EATH BUT	NOT RELATED TO THE TERM  MM DISEAS	E (COMPEN	DITION GIVEN IN P	ART Iro	146
7	CERTIFICATION	IN DATE OF OPERATIO	EUMON L DND				200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS U: AUSES OF DE	EATH?
Н	ERT	21a ACCIDENT WAS UNDERL		PIRATOR	Y FA	21c HOW INJURY OCCUR				Ш
1		OR CONTRIBUTING CAU			Y YEAR					
1	MEDICAL	(IF EITHER NOTIFY MEDICAL  21d INJURY OCCURRED  WHILE NOT WHILE	21e PLACE			211 LOCATION STREET	CITY OR TO	OWN COU	INTY	STATE
7		22a I certify that (I) (the sow the deceased	is hospital ettended the	e deceased from N	gyem	ber 7, 19 86	to Januar	.1		l) (we) lost
4	2	obove, (I) (we) (did	(did not) view the body	ofter deoth.		DEGREE DEGREE	deom occorred on me d		DATE SIGNS	
1		Caro	es. R	am c	2	PHYSICIAN [	MEDICAL STA	FF CIAN [	1-18-8	37
		22d PHYSICIAN'S NAM	E (TYPE OR PRINT)		0	220 ACCHERCH H				
		CAROI	S. RAMSE			100 n. Broa		lto. Md	2123	L
		SURIAL, CREMATION, RE. SPECHY) Burial	MOVAL 236. DATE 1-21.			EMETERY OR CREMATORY Heart of Jesu	Dundalk,	Balto. Co.	, Md.	STATE
		INERAL DIRECTOR	den & San			25a. DAT	FREE DBY 95 STRAR	A REGIS WAR S.S.	IGNM URE	us.

14 FUNERAL DIRECTOR (hariles S. Zeider & Son Inc. 90% S. Conkling St.

DHMH - 16 60M 7/84 (VRA 15, 4)

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07	4 9 JAN -9	1.ØE	CEASED NAME	FIRST		WIDDLE			AST	JAIL O		a. DATE		_	NTH DA	Y YEAR	26 HOUR
0 2	% % % F.	(TYP	E OR PRINT)	Mary		E.		M	ack			OF	ESTI- MATED		1-4	19 87	
	RECTOR. R FILES. HOURS	3. SE)	( 4	RACE	5. DATE OF BIRTH		6 AGE (IN YEA	RS IF UNI	DER 1 YR.	IF UNDER		c. DATE		MOM	VIH DA		2d HOUR
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		F	Reis.,	MD	U.S.A			WIDOW		DIVORC					City		MD.
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E, A	STATH.		FIRST	7.7 24 - 7	WIDDLE		LAST		FI	IRST			NIDDLE			LAST	
AOR	PAGES ORM B S 1 AN	160. V	VAS DECEASED	W. Macl EVER IN U.S. AR	MED FORCES?	16b. SOC	IAL SECURITY	NO.	17. INFORM	gnes	F.	Robi	PABOR	ESS			
BALTIMORE, MD.	F III E III O	(4	ES, NO, OR UNKNOW	(IF YES, GIVE	WAR OR DATES)	22	0-22-	5143	San	dra	B Kn	ox 2	2932	Ros	sali	nd A	ve.
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N S	A PER ME		PARTIDEA	TH WAS CAUSED  IMMEDIA	TE CAUSE (a) HY	erte	nsive (	Cardi	ovasc	ular	Dise	ase					
PRESTON	N A STATE OF THE S		C this		DUE TO, OR	AS A CON	ISEQUENCE C	F									
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VISI	HERRAL	MEDICAL	21d. INJURY OC		21e PLACE C			211. LOC	ATION			CITY OR TO	Wal	1	COUNTY		STATE
۵	E, WRIT RWARD PAGE; PAGE; STATE (), 21201	2	AT WORK	AT WORK													
	ATE, TATE, ORW, ORW, P.		22a I certify	that I taak charg	e of the remains desc	bed aba	ve, held an	Autops	у 🔲 .	Inspection	n XX	Inquiry		and in m	ny apinian		
	EXAMIN CERTIFIC JLD BE F DIRECTO WITH TH		death resulted	Hybri Natur	rol courses XX	region	Spri	win .	Hamic	ide .	Undete	rmined mo	onner [	].			
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	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATI PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFIER DEATH, WITH THE BALTIMORE, MARYLAND.	730 B	TYPE OR PRINT	ON REMOVAL 12			NAME OF CEM		CREMATO			CATION					
07/84		(5	Buria	al	1/9/87		t. Cal			210.1		alto	. , 1	Md.	COUNTY	5	TATE
25M	BP	24. F	UNERAL DIRECT						1	250. DATE I					R'S SIGNA	ATURE	
	DHMH - 17 (VR A15 ME (5))		Teroy	O. Dye	ett 46000	Libe	erty H	Reigh	nts	123	18	10/3/	1 60	مَالَى مِنْ	mu		



FOR - STATE

director, page 3

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

8	REG. NO.	0	1	3	
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3 8	REGISTRAR				CERTIF	ICATE OF D	EAIN	U	REG. NO	D	,		
	CEASED NAME HA	Zel		AIDDIE	1000	Key		2ª DATE OF	1	-2	5-87	2b. HO	59Am
3. SE	K	1	4. RACE		S. DATE C		YEAR	& AGE (INY	EARS LAST BIRT	HDAY)	MONTHS DAYS		ER 24 HRS
	Female		Black	k	7	12	01	85		YRS			
	RTHPLACE (STATE OR FO	OREIGN 7		WHAT COUNTRY?	100	D NEVER A			_		OFDEATH		VO IL
10 6	Georgia TY OR TOWN OF DEA	711		.S. OSPITAL, NURSIN	WIDOWE		ORCED	Balt 120 USUAL	o. Ci		Transcon and	05.000	MD.
10 (1	Balto.		(IF NOT IN SUC	HEACILITY, GIVE STREET,  Gen. Hosp	ADDRESS)	K OTHER INST	11011014	TYPE OF WORD	K FOR MOST O				
13a. S	d.	NG HOME OR O		GIVE RESIDENCE BEFORE 136. CITY OR TOW Balto.		13d INSIDE C	ITY LIMITS?				St. 21	201	
	ohn	N	AIDDLE	Davis			Alice	ΛΙΕ	MIDDLE		u	AST	
	VAS DECEASED EVER ( VES, NO OR UNKNOWN) O		AED FORCES? WAR OR DATES)	16b. SOCIAL SECU 220-30-1		MS. I	NT Patrici	502 a Mack	ADDRE ey	E.	73rd S ork, N		ork
z	Conditions, if ony, gove rise to imm couse (a), storing underlying couse  PART 2. OTHER SIGN	nediate g the last.	DUE TO, OI	R AS A CONSEQUE  R AS A CONSEQUE  DITRIBUTING TO E	NCE OF		TO THE TERM	INAL DISEAS	e or coni	DITION GIV	VEN IN PART 1	10.	
CERTIFICATION	19a DATE OF OPERAT		2 11	TION FOR WHICH				20a AUTO	PSY?	IN CERTI	S, WERE FIND FYING CAUSE ES []		ATH?
MEDICAL CER	21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEAT	In .	M. MONTH DA M.	AY YEAR 19	211 LOCATIO	JURY OCCURR	RED (ENTERNA					
ME	WHILE NOT WH	ILE .	(AT HOME, STR	EET, FACTORY, OFFICE F		STREET			CITY OR TO	WN	COUNTY		STATE
	270.1 certify that (I)C sow the decease obove, (I) (we) (d 27b. SIGNATURE CALL PHYSICIAN'S NA	d olive on lid) did not	Eview the body	28 19_		nd that in (my)	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	F IAN	ur and from the	E SIGNEI	
	BURIAL, CREMATION, I		23b. DATE 1-27		NAME OF C	EMETERY OR	REMATORY	23d LOCA	ATION OR TOWN		COUNTY		STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

NAME

BP

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician, each

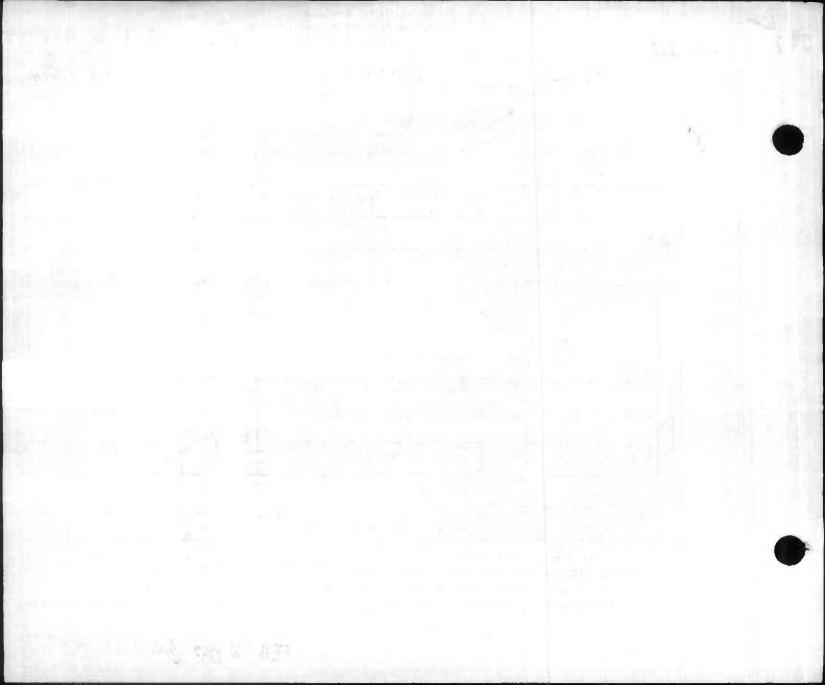
IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic event, the medical TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene grant to burial, cremation, at removal.

Anatomy Board

Balto., Md.

ADDRESS

25 DATE RECORD REGISTRAR 24 REGISTRAR & SIGNATURE FEB ... 2 1987



F 0	1	FOR	D.F.D.A.D.S		MARYLAND			
5 9 JAN :	Ph.	FOR STATE REGISTRAR	DEPAKI		TH AND MENTAL HYG ATE OF DEATH	8 REG. NO.	0 1 3	4 8
deoth deoth		CEASED NAME FIRST E OR FRINT)  MICHAL	EL J.	MACKE	OWIAK	JANUARY	17, 1987	6.35 PM
gras offer p	_	MALE	CAUC.	5. DATE OF BI	PAY YEAR 10	6. AGE (IN YEARS LAST BIRTHE	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
thin 72-th	70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED		BALLIMORE CITY OR	City	MD.
filed wit	B	HE TOWN OF DEATH  HE TOWN OF DEATH  AL RESIDENCE (IF NURSING HOME)	11. NAME OF HOSPITAL, NURSI  OF HOS IN SUCH FACILITY, GIVE STREE  OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	TADDRESS]	Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		OF BUSINESS OR
should'b	130 M	STATE 136 COL	UNITY 136 CITY OR TON	SRE 136	INSIDE CITY LIMITS?		LWOOD AVE	21224
		JOHN	MACKOWI LAST MACKOWI ARMED FORCES? TIEB SOCIAL SEC	AK	BESSIE INFORMANT	MIDDLE	Hudzi	K
icion and opers. Pager	100		GIVE WAR OR DATES)  A15-10-		RS MARY I	MACKOWIAK	427 9. EL	WOOD AYE
by the attending assertment corbo		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF THE CAUSE (A) SEPSION DUE TO, OR AS A CONSEQUENCE OF THE C	JENCE OF	NEUMONIA			
n signed Then ple r to burio injury, oi	NOI	PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING TO				TION GIVEN IN PART TO	o
nsit permit.	CERTIFICATION	19a DATE OF OPERATION	19b CONDITION FOR WHICH	OPERATION W	AS PERFORMED	YES NO	POB. IF YES, WERE FINDING CAUSES YES	NGS USED OF DEATH?
certifico priol-tro entol Hy Item 18	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH D	19		RED (ENTER NATURE OF INJURY I	NITEM 18 PART LOR PART 2)	
os the but though	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC )	LOCATION STREET	CITY OR TOWN	COUNTY	STATE
d for use t. of Heal m 21 is m	18	sow the deceased alive a abave, (we) (did) (did)	pital) attended the deceased from, on 340042 17 195	27, ond th		, to JANUARY death occurred on the date		that (we) last couses stated
ERAL DIRI			ussovan	DEG	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NE Jan	17 0
should be deto with the Stote IMPORTANT: If			ISSOUAN .	220	Good San	naritan lle	ospital	
TO FUNERA should be d with the Sto IMPORTAN	23a. l	BURIAL, CREMATION, REMOVA	AL 236. DATE 23	NAME OF CEME	TERY OR CREMATORY	23d LOCATION		

BURIAL 112 0 HOLY ROSARY (
REPORT OF THE PROPERTY OF THE PROPE

CEM BALLIMORE

250. DATE REC'D BY REGISTRAR 256

JAN 20 1887

DHMH - 16 60M 7/B4 (VRA 15, 4)

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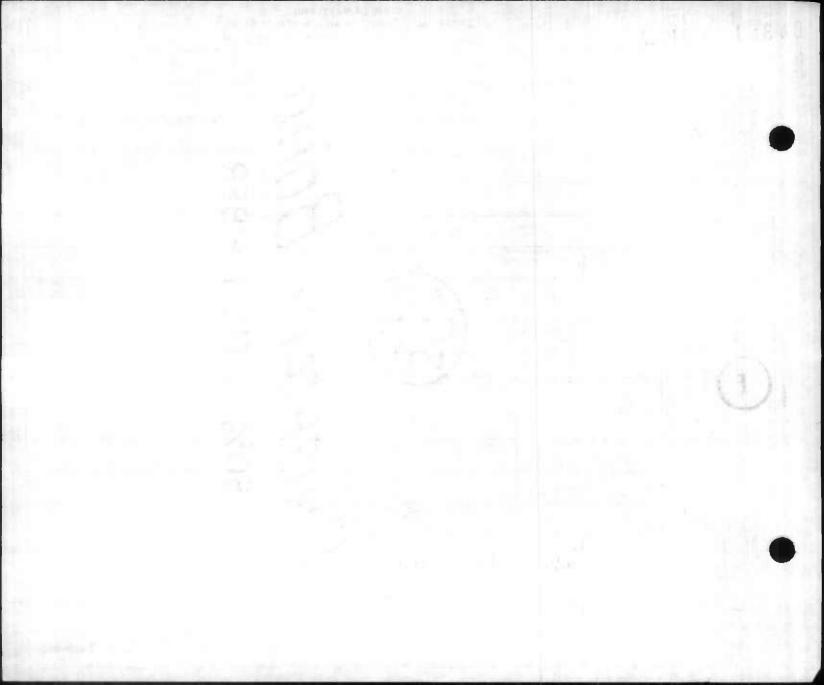
PARTARE DAY CANTARE TATIMIZE - TOOK STORY THAT HERDITAL TEST THANKIND . 3 P. BHOWINE . S. TRY O. ELEVAN WAS SIDLE DOWN OF THE WARRENIAN BETTER BUTTER YES -- - WALLE STEELD -SEER DIKE DIRECTORS TO BE WELLE FILWARD TWE Buy the second of the state of the second of

250. DATE REC'D

24 FWNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	01750
1 4 3 5 1 0 FEB TOREGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.
T. DECEASED NAME FIRST MIDDLE LAST 20 DATE KNO (1YPE OR PRINT)	WN MONTH DAY YEAR 26 HOUR
MARY MADERIA OF EST	TED X 1-28-87 19
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c DATE  MONTH 9AY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	MONTH DAY YEAR 24 HOUR
F BLK. 6/25/28 FBLK. 6/25/28 FBLK. 6/25/28 FBLK. BLK. 6/25/28 FBLK. FBLK. 6/25/28 FBLK. FB	2-4-87 19 1:03R
MARRIED NEVER MARRIED	CITY OR COUNTY OF DEATH
	ore City MD
II. MANNE OF DEATH  [I HAD FACILITY ONE STREET ADDRESS]  [I HAD FACILITY ONE STREET ADDRESS]	OR INDUSTRY Dishursemen
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  136. COUNTY  136. CITY OR TOWN  136. INSIDE (ITY LIMITS?  138. STREET ADDRESS  4210 Gro	veland Ave.
Sammuel Lewis  First  Essie Lewis	LAST
The Was deceased ever in U.S. Armed Forces?  [16b. SOCIAL SECURITY NO. 17. INFORMANT AD (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	DDRESS
WES, NO. OR HUKNOWN)  (IF YES, GIVE WAR OR DATES)  (YES, NO. OR HUKNOWN)  (IF YES, GIVE WAR OR DATES)  (YES, NO. OR HUKNOWN)  (IF YES, GIVE WAR OR DATES)  (YES, NO. OR HUKNOWN)  (IF YES, GIVE WAR OR DATES)  (YES, NO. OR HUKNOWN)  (IF YES, GIVE WAR OR DATES)  (YES, NO. OR HUKNOWN)  (IF YES, GIVE WAR OR DATES)  (YES, NO. OR HUKNOWN)  (IF YES, GIVE WAR OR DATES)  (YES, NO. OR HUKNOWN)  (IF YES, GIVE WAR OR DATES)  (YES, NO. OR HUKNOWN)  (IF YES, GIVE WAR OR DATES)	E. 25TH ST.
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Arteriosclerotic cardiovascular disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF	
Canditians, if any, which gave rise to immediate (b)	
cause (a) stating the <u>under</u> lying cause last.  DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1   0	
obesity	
Obesity  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
A MANAGER AND A	YES NOX
The EXTERNAL CAUSE WAS 1716 TIME OF INJURY OF INJURY OF INJURY OF INJURY IN THE OF INJURY I	(ITEM. IB PART 1 OR PART 2)
CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED  21e PLACE OF INJURY (AT HOME, STREET CITY OR TOWN  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET  STREET  CITY OR TOWN	
220 Leartify that Ltaak charge of the remains described above, held an Autopsy Inspection X Inquiry	, and in my apinian
death resulted fram: Natural causes XI, Accident . Suicide . Hamicide . Undetermined manner	
TITLE (SPECIFY)	
SIGNATURE MOUNTE Inc Ynell M.D. Assistant MEDICAL EXAMINER	DATE SIGNED 2-5-87
(TYPE OF PRINT) Margarita A. Korell, M.D. ADDRESS 111 Penn Str	eet
(SPECIFY)	COUNTY STATE
07/84 BP Burial 2/10/87 WOODLAWN BALTO.	
25M 24 FUNERAL DIRECTOR 25M DATE REC'D BY REGISTRAR 25M	MD b REGISTRAR'S STONATURE



STATE OF MARYLAND OF SOM
STATE OF MARYLAND ISON DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
CERTIFICATE OF DEATH

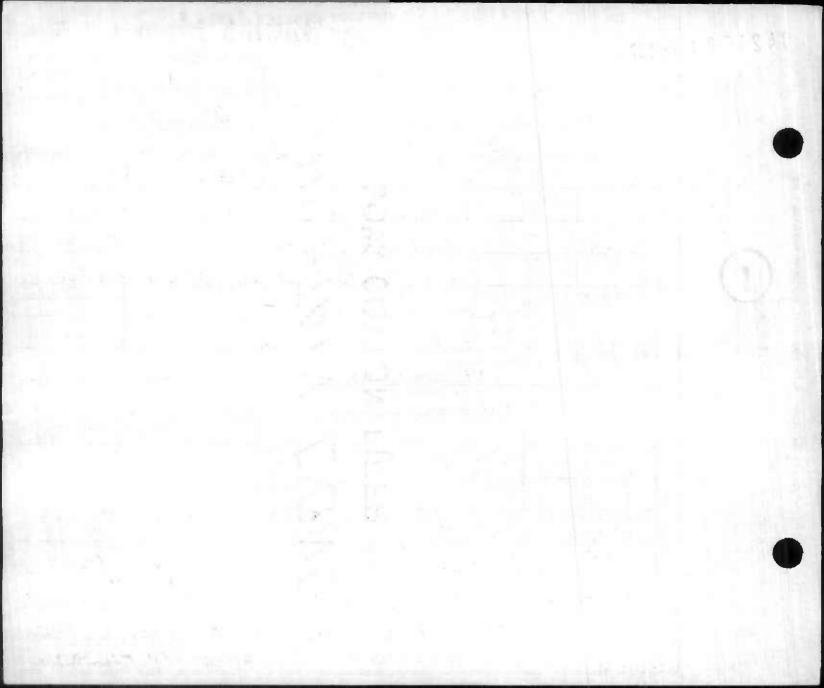
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E	1 -	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND MENTAL	HYGIENE	8 F	0.	0 !	3	5 1
		EASED NAME	FIRST		MIDDLE	ı	AST	20 DA	TE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	(TYPE O	PRINT)	ANNA		V	MA	DISON			1	26	87	0927A
	3. SEX			4 RACE		5. DATE C	F BIRTH	6. AGE	IN YEARS LAST BIR	THDAY)		DER I YEAR	IF UNDER 24 HRS
		FEMA	10	Bla	CK	12	25 21		65	YR	S.	DAYS	HOURS MIN.
3	70. BIRT	THPLACE (STATE O	OR FOREIGN	TE CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	NEVER MARRIED	9 BALT	TIMORE CITY C	R COU	NTY OF D	EATH	
		IH		USI	H	WIDOWE			ALTIMORE	CI			MD.
1		Y OR TOWN OF DI LTIMORE	EATH		HOSPITAL, NUI		R OTHER INSTITUTION		WORK FOR MOST C			L KIND O	F BUSINESS OR
	USUAL	RESIDENCE (IF NU	IRSING HOME OR	OTHER INSTITUTION,				1		1.00			21218
1	130 57	ID	13b COUN	TY	13 CHTY OR T	O.	YES O NO	5	REET ADDRESS .	ZIP CO	ODE DOKO	AL	)e
0.	14. FAT	HER'S NAME FIRST	A	AIDDLE	Colex	200.0	15. MOTHER'S MAIDEN	_	MIDDLE		(	TAST	h.
-	16c. W/	AS DECEASED EVE	R IN U.S. ARA	AED FORCES?	16b SOCIALS	ECURITY NO.	17. INFORMANT	He	ADDRI	ESS		000	29
	[YE	S NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	212-20	6-45291	+ Paul Mai	dison	530	Wu	ano	ke f	tue.
	1	8 CAUSE OF DEA	ATH (Enter onl	y one couse per	line for (a), (b)	, and (c+)	A					BETWEEN	MATE INTERVAL
		PART I. DEATH		BY: E CAUSE (0)	CARDIO	RESPIRA	TORY ARRES	ST				-	
				DUE TO, O	R AS A CONSE	QUENCE OF	^					,	
		Conditions, if on		( (b)_	METAP	BOLIC	DERRANGEM	ENTS				1 m	ONTH
		gove rise to in couse (a), star underlying cou	ting the	DUE TO, O	RAS A CONSE		ADENOCARCINO	MA DI	F THE B	BEEN	ST	10 m	IONTHS
		0	BABLE		UMONIA		NOT RELATED TO THE T	ERMINAL DI	SEASE OR CON	DITION	GIVEN IN	PART 110	
1	CERTIFICATION	90 DATE OF OPER	ATION	19b. COND	TION FOR WH	ICH OPERATIO	N WAS PERFORMED		AUTOPSY?	20b. IF IN CE	RTIFYING	RE FINDING CAUSES	OF DEATH?
	ERT	10. ACCIDENT WAS U	INDERLYING [	21b. TIME O	F IN ILIRY		21c. HOW INJURY OCC	YES (SW		Dy In ITEm	YES	OD D 4 D 5 (2)	NO []
		OR CONTRIBUTING	CAUSE OF DEAL	HOUR A.	M. MONTH	DAY YEAR	The Front Hook Fock	CORRED (EN	TER NATURE OF INJU	KT IN HEM	18 PARTIC	R PART 21	
	MEDICAL	11d. INJURY OCCU		21e PLACE	OF INJURY		21f LOCATION				-	0.11.12.1	
		WHILE NOT AT W	WHILE O	( AT HOME, STR	PEET, FACTORY, OFF	ICE FARM, ETC }	STREET	-	CITY OR TO	)WN		OUNTY	STATE
		220-1 certify that (				0 =	JUARY 18 19 8	7, to.	JANUAR	26	_, 19		that D (we) last
			sed alive on	JANUI view the body	ofter death.	, , , ,	d that in (our) opin	nion death oc	curred on the d	ote and			
		226. SIGNATURE	where I	R.	Drima		DEGREE ATTENDING PHYSICIAN		ICAL STA			1/26	187
	1	22d. PHYSICIAN'S	NAME (TYPE OF	PRINT)	90mm	<u>ua</u>	220 ADDRESS JOH		PKINS	HOS	PITA	1	
		MICH	HAEL	GR	MMET	T	600 N. W	JOLFE S		9-17/1		140	21205
		RIAL, CREMATION	N, REMOVAL	23b DATE	197	13c. NAME OF C	EMETERY OR CREMATO	RY 23d	LOCATION SITY OR 19WH	2)	COU	INTY	AL SIATE
	24 FUN	VERAL DIRECTOR		0/1	0 /	EMINIC	us rupti	DATE REC'D	BY REGISTRAR	256 REC	O,	SIGNATI	IRF.
	1	10 CO	F/H	LEAST	110%	E. NOV	the Ave.	AN 3	0 1987		a. Te	- 4	Pandale
		- ALL . II "											

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FER		REGISTRAR			CERTIFI	CATE OF DEATH	REG. NO.		
1 LU-		CEASED NAME FIRST NICHOL		MA	AGINA	51	20 DATE OF DEATH MONTH	31 87	26 HOUR 2230
	3. SE.	MALE	4 RACE WHIT		S. DATE OF	BIRTH YEAR 20 06	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
drance.		RTHPLACE (STATE OR FOREIGN COUNTRY) ROMania		0 2	MARRIED	NEVER MARRIED X	BALTIMORE CITY OR COUNTY BALTIMORE CITY		M
40	7	TY OR TOWN OF DEATH  BALTIMORE	HE NOT IN 5U	HOSPITAL, NURSING CHEACILITY, GIVE STREET ADE HOSPI	DRESS)	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING  Tailor	LIFE) INDUSTRY	BUSINESS OF
r must be	13a S Ma	AL RESIDENCE (IF MURSING HOME OF TATE 136 COU		Baltimore	9	13d. INSIDE CITY LIMITS? YES X NO [	13e STREET ADDRESS / ZIP CO 2519 Sidney Av		30
0	14. FA	THER'S NAME FIRST Julian	WIDDLE	Magina		15 MOTHER'S MAIDEN NA	ie Cl	niu	
medica		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G NO	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECURIT 215-01-27		17 INFORMANT Arlene Cunnii	ADDRESS ngham/2139 Harma	an Ave/Ba	
out, the		18 CAUSE OF DEATH (Enter of PART ), DEATH WAS CAUS		r line for (a), (b), and (c	1116	watery ass	est	BETWEEN OF	NATE INTERVAL NSET AND DEATH
iows any injury, ar ather to	TIFICATION	gove rise to immediate couse on, stoding the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION	CONDITIONS <u>C</u>	ONTRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE TERM	AINAL DISEASE OF CONDITION OF	in 20	GS USED
ed or Hem 18 st	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER. NOTIFY MEDICAL EXAMINE CAUSE ON THE NOTIFY MEDICAL EXAMINE NOTIFY OF WHILE NOTIFY OF WHILE	ATH HOUR A R) P	OF INJURY  .M. MONTH DAY  .M.  OF INJURY  REET, FACTORY, OFFICE, FARN	19	216. HOW INJURY OCCUR 211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM I  CITY OR TOWN	8 PART I OR PART 2)  COUNTY	STATE
MPORTANT: If them 21 is marke		22a. I certify that (I) (this hosp sow the deceased alive or above, In the (id) (did no 27b. SIGNATURE)	of view the body	ofter death	FERN	EGREE ATTENDING PHYSICIAN [	death occurred on the date and he  MEDICAL STAFF DIRECTOR PHYSICIAN D  WE - Bullin	220 DATES	SIGNED 87
IMPOI		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 02/05			METERY OR CREMATORY  Ark Cemetery	23d LOCATION CITY OR TOWN  Baltimore Cit	y, Md 21	229 STATE
A 7/B4		JNERAL DIRECTOR alters Funeral	Home/Pr	ADDRESS Ba	lto N	1d 21223	FR 3 1987 Au	A - Dec A	Tendals.

DHMH - 16 60M 7/B4 (VRA 15, 4)

OR ATTENDING the hospital or

BP.

FOR

filled in by the funeral director, page 3 out of the filed within 72 hours offer death

umotic event, the medico nding physicion and corbon popers. Pages

n, or removol

TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to by IMPORTANT: If them 21 is marked or Item 18 shows any injury

4 moy be

executed within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

## STATE OF MARYLAND

8	REG. NO.	0	1	3	5	3
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-3	37	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	8 /	, NO.	) !	3 5	3
		CEASED NAME FIRST PREST	UDER "	IDDLE	MÁ	JEWSKI.	20 DATE OF DEATH	HIVON H	7 87	2 750 2 750	
	3. SE	MALE.	WH1	TZ	5. DATE O		6 AGE (IN YEARS LAS		NONTHS DAYS		AIN.
5	. (	MAKYLAND	M		WIDOWE		BALT	IMORZ	CITY	/	MD.
3	1	BALTMORZ CITY	South 1	BALTIMOR	Z- GE	or other institution	12a USUAL OCCUP		INDUSTRY	1 1 .	CAB
5	130. 9		1 MORE	13c. CITY OR TOW	N N NE	13d. Inside city limits?	1708 L	SS / ZIP CODE GHT ST	21:	230	
0		JOSEPH	MDDLE	MATZW	ski	15 MOTHER'S MAIDEN N	te MARY	DRESS	JAN	ĨA	
	1	VAS DECEASED EVER IN U.S. ARA YES NO ORUNKNOWN) (IF YES GIVE	WAR OR DATES)	212 - 10=8		HOSPITA		DRE33		6	
	-	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI	y one couse per l ) BY: CAUSE (o)(			LL MONARY	ARREST		APPRO BETWEEN	XIMATE INTERV LONSET AND D	AI EATH
	NO	Conditions, if ony, which gove rise to immediate cause 10, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT C	(b) DUE TO, OR (c)		NCE OF	onia.	INFARCTI		EN IN PART 1	10	_
9	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHIC			H OPERATION WAS PERFORMED 200 AI			IN CERTIF	, WERE FIND YING CAUSE	INGS USED S OF DEATH	1?
9	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)	P.A	a. month da a.	YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF	INJURY IN ITEM 18 P.	ART I OR PART 2)		
	MED	21d INJURY OCCURRED  WHILE ON WHILE OF AT WORK	21e PLACE C	OF INJURY SET, FACTORY OFFICE, F.	ARM, ETC )	211. LOCATION STREET	CITYO	RIOWN	COUNTY	51	ATE
System A		220 1 certify that (1) (this hospit saw the deceased alive on above (1) (we) (did) (did)not 226. SIGNATURE	1/10	19_		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN		STAFF		thor (1) (we couses stor	
1		22d PHYSICIAN'S NAME (TYPE OF	(1,1,1)	7		22e ADDRESS	30015.7		ST. B	PALTM	10.
		Removal Removal	1-20-8		IAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	4	COUNTY	STA	ATE
4	24 FL	JNERAL DIRECTOR  NAME  Anatomy	Board	ADDRESS	Balto	., Md. 25a D	b. 2, 1987		RAR'S SIGNA	Radaes	6



2593 FEB 2 BY ATE EGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	7	0
	REG. NO.	

0	1	3	5	ā
				_

1.00	EGISTRAR			CERTIFIC	TEATE OF BEATTI	RE	G. NO.		
	ECEASED NAME FIRST	٨	AIDDLE		LAST	20 DATE OF DEA	H MONTH	DAY YEAR	2b HOUR
Tin.	Teofil			Mal	anowski	1-27	-87		2 A.M.
3 51	EX	4 RACE		5. DATE O		6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Male	Whit	e	5-	21-1895 YEAR	91	YRS	MONTHS DATS	HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUNT	Y OF DEATH	
	Poland	U.S.		WIDOWED DIVORCED		Balto.			MD.
10.0	CITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCU			F BUSINESS OR
1	Balto.	2905	Inglewood	Ave	•	Ret. Tai		Haas Cl	othing
130	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU		GIVE RESIDENCE BEFORE 13c CITY OR TOWI		13d INSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP COD	Œ	
1	Md.		Balto.		YES 🚺 NO 🗌	2905 In	glewood	Ave. 2	1234
14. F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	N18	i A	
	John	Mala	nowski		riks)	Miles	Unkn		, ,
	WAS DECEASED EVER IN U.S. AL	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	A	DDRES5		
	No No OK DUKNOWA)		215-03-86	588A	Marie Rostel	k, 426 So	Wolfe	St. 21	231
	18 CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUS	nly ane cause per	ling of iai, (b) and	Vict	A 7 11	T: 111	11/	BETWEEN	MATE INTERVAL ONSET AND DEATH
		ED BY: TE CAUSE (a)	Llevel	Lea	Culles xles	MC CE	11)		
		DUE TO OF	AS A CONSEQUE	LICE OF					
	Canditians, if any, which		CAS A CONSECUE	INCE OF					
1	gave rise ta immediate	(b)							
	cause (a), stating the underlying cause last		R AS A CONSEQUE	NCE OF					
	DADY O OTHER BIRTHER	(c)		F 4 7 1 1 D 1 1 7	NOT DELL'ES TO THE YEAR				
Z	PART 2 OTHER MANUSCANT	1 OLA	1/1	EAIH BUI	NOT RELATED TO THE TERM	INAL DISEASE OR	ONDITION GI	VEN IN PART II	a
CERTIFICATION	190 DATE OF OPERATION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS LISED
18	70	17.6.00.107	no. Tok Time.	0, 5,,,,,,	THO PERIORNEO		IN CERT	IFYING CAUSES	OF DEATH?
1 8	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME OI	E INTITIDY		21c HOW INJURY OCCUR	YES NO		ES []	NO 🗌
200	OR CONTRIBUTING CAUSE OF DE	110110 4 4	M. MONTH DA	Y YEAR	THE HOW INJURY OCCUR	KED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2]	
2	LIFEITHER NOTIFY MEDICAL EXAMINE			19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE C	OF INJURY BET FACTORY, OFFICE FA	ARM ETC 1	211. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
13	AT WORK				15	1		-	
	22a.1 certify that (1) this hasp	/ /	deceased trom _	17	19		1-8	19	that (II (we) last
1	saw the deceased alive or abave (1) (we) (dyd) (did no	at New the bady	after death.	, a	nd that (my laur) apinian	death accurred an t	he date and ha	ur and from the	causes stated
	17% SIGNATURE	-11	. /	1.	REGREE			22c. DATE	SIGNED
	1160 dore	11/4	grule	de	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN []	1-6	8-81
	214 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	V		17	-
	Theodore T.	Niznik.	Jr., M.T	).	429 So. Che	ester St.			
23a	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION			
	(SPECIFY) Burial	1-30-	-87 H	olv E	ledeemer	Balto		COUNTY	STATE
24 F	FUNERAL DIRECTOR		- 1 12	-25 10		E REC'D. BY REGIST		IRAR'S SIGNAL	URE
	Leonard J. Ruck	The.	305 Harf	ord E		1 2 0 1007		Dundson K	
-		-, 110.,	, Jo J Mart	oru "	u. ·	1001 201	al .		,

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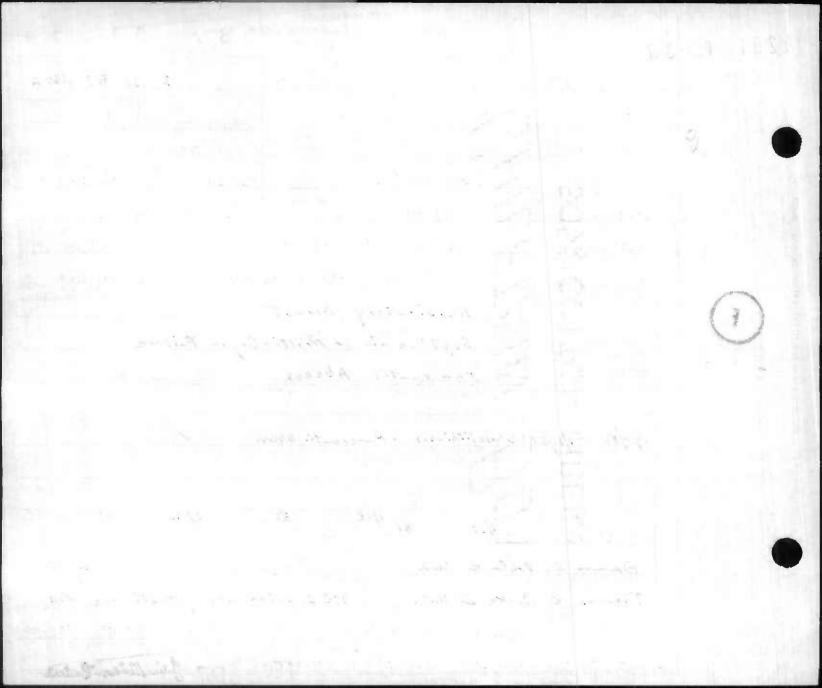
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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG	IENE 8 7	0	1 3	5 5
	I. DECEASED NAME FIRST	in F	m	alarkeysi	20 DATE OF DEATH	DAY	YEAR 87	26 HOUR 1:30 A M
	3. SEX	4 RACE	5. BATE C		6. AGE   IN YEARS LAST BIRT		INDER I YEAR	IF UNDER 24 HRS
	Male	White	Aug	4 0.0	80	YRS.	INS DAYS	HOURS MIN.
Y .	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76. CITIZEN OF WHAT COUNT USA	RY? 8	D NEVER MARRIED	9. BALTIMORE CITY OF Baltimore	R COUNTY OF	DEATH	
		11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES) St. Agnes H	RSING HOME C		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON F WORKING (IFE)	126 KIND O' INDUSTRY Chemi	F BUSINESS OR
9	USUAL RESIDENCE (IF NURSING HOME OR O	OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS /		CITCHE	car co.
1	Maryland	Baltim		YES IN NO	3013 Georg		Road.	21230
	14. FATHER'S NAME	AIDDLE LAST	kou	15. MOTHER'S MAIDEN NAME FIRST Bridget			Tiq	1
1	160 WAS DECEASED EVER IN U.S. ARA	AED FORCES? 166. SOCIALS	ECURITY NO.	17 INFORMANT	ADDRE	SS	119	IIE
	(YES, NO OR UNKNOWN) (IF YES, GIVE	170-09	-3418	Martin F. Ma	larkey, Sr.	, 4834	Rolli	ngtop Ro
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE  (b) Sept  DUE TO, OR AS A CONSE  (c) Paace	QUENCE OF	a + multi-	-		IN PART Ito	
2	190 DATE OF OPERATION  130 DATE OF OPERATION  1310/86 > 1/17/8;  21d. accident was underlying.	196. CONDITION FOR WH		rereatio abces	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	G CAUSES	
1	00 000 000 000 000 000 000 000 000		DAY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJUR	Y IN ITEM TB PART I	OR PART 2)	
	OK-CONTRIBUTING CAUSE OF DEAT  JIF EITHER NOTIFY MEDICAL EXAMINER]  WHILE NOT WHILE AT WORK  AT WORK	21e. PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	270. I certify that (1) (this hospite sow the deceased alive an abave (1) (we) (did (did not			nd that in (my) (our) opinion o	, ta			that <b>()</b> (we) last causes stated
	27b. SIGNATURE  27d. PHYSICIAN'S NAME (TYPE OR			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		1/3/	87
	Thomas B.	Blake II MA	o	900 S. Cat		Baltin	ore	Md.
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			emetery or crematory dge Mem. Park	Elkridge	How	ard	MaryTand
	24 FUNERAL DIRECTOR NAME Hubbard Funeral I	Home, Inc., 41	.07 Wilk	21227	REC'D. BY REGISTRAR	25b. REGISTRAR	S SIGNATI	JRE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) apinian death occurred on the date and hour and from the couses stated 22c DATE SIGNED be deto e Stote [ MPORTANT RET 22d. PHYSICIAN'S NAME 22e ADDRESS ld b 0 WOLF BIER 231 NAME OF CEMETERY OR CREMATORY 23b. DATE 73d LOCATION 230 BURIAL, CREMATION, REMOVAL CITY OR TOWN 12/87 St.Stanislaus Burial Baltimore Maryland 250 DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Alim Divideon Paridace 3 1987 ConnellyFuneralHome 300MaceAye. (VRA 15, 4)

STATE OF MARYLAND

26 HOUR

126 KIND OF BUSINESS OR

Lane

APPROXIMATE INTERVAL

3:35

IF UNDER 24 HRS

MD

1987

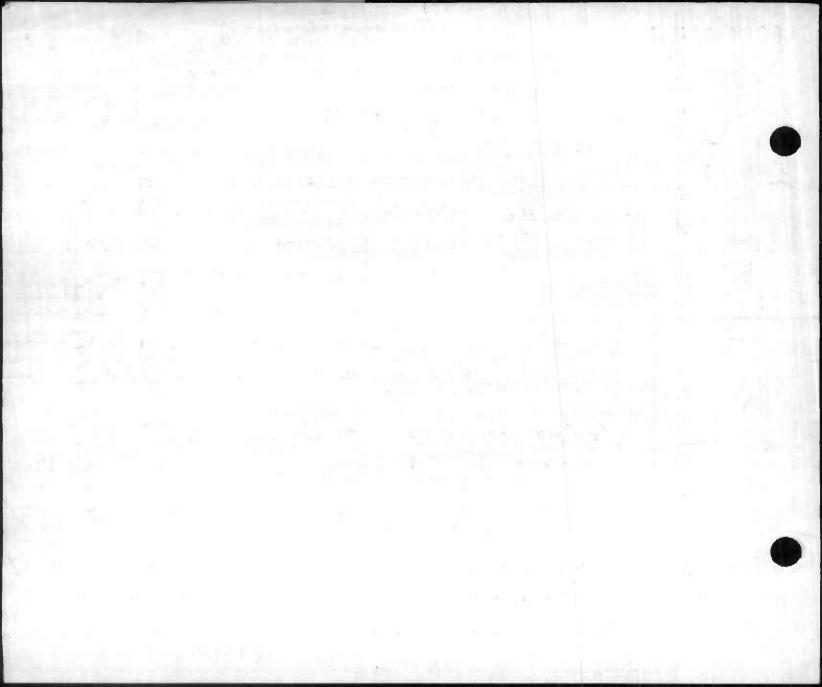
CITY

INDUSTRY

9

IF UNDER 1 YEAR

DHMH - 16 60M 7/84



	FOR 1 - STATE REGISTRAR	DEPART	STATE OF MARYLANI MENT OF HEALTH AND ME CERTIFICATE OF DEA	NTAL HYGIENE Q	01357
	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR D
EB	-2 07 Fran	ces Lillian_	Manner	January	28 1987 1:30 M
	I. SEX	White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
1	Female  M. BIRTHPLACE   ISTAILE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY	March 9 19	9 BALTIMORE CITY C	PR COUNTY OF DEATH
	Md.	U.S.A.	MARRIED NEVER MAI	RIED 🗆	ore City MD.
1	Baltimore	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)	TYPE OF WORK FOR MOST O	DF WORKING LIFE) INDUSTRY
1	200120=11:0=0	R OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION) VN 13d. INSIDE CITY		ZIP CODE OTA Ave. 21213
	14 FATHER'S NAME FIRST  Jerome	MIDDLE LAST Vacek	15. MOTHER'S M	MIDDLE	Rych
	160 WAS DECEASED EVER IN U.S. AR		URITY NO. 17. INFORMANT	ADDR	
	PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), or ED BY: TE CAUSE (a)	TRICULAR	FIBRILLA.	TION BETWEEN ONSET AND DEATH  2 HOURS
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	onary Ite	art Disea	se > 10 year
	PART 2 OTHER SIGNIFICANT	conditions contributing to	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110

190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22b. SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (THE OFFICE) 22e ADDRESS

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

CREAM

Dr. Felix Tan 23a. BURIAL, CREMATION, REMOVAL

1/31/87

Burial

3800 Erdman Ave. 23c. NAME OF CEMETERY OR CREMATORY

Gardens of Faith

234 LOCATION Balto.

COUNTY

22c DATE BIGNED

24 FUNERAL DIRECTOR NAME Schimunek Funeral AHome Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 3331 Brehms Lane, Balto. Md.

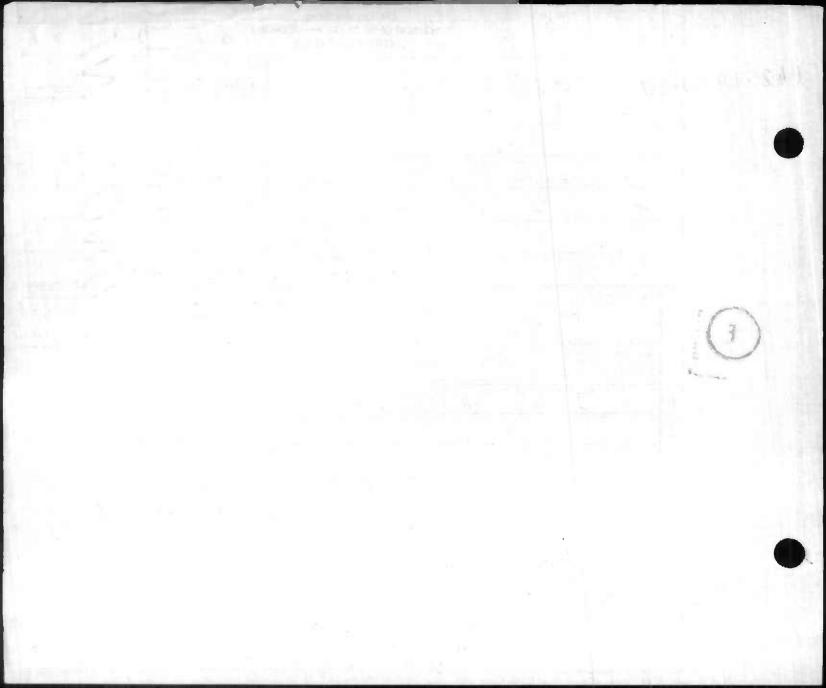
YES |

COUNTY

NO [

STATE

Md .



2 should be

## STATE OF MARYLAND

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-9	87 -	FOR STATE REGISTRAR	DEP		IEALTH AND MENTAL HYG	GIENE 8 / REG. NO.	0	1 3 5 8
		CEASED NAME FIRST Vallie	May	Mann	ing .	January 5,		YEAR 26 HOUR
	3 SEX	x Female	4 RACE White	S. DATE C		6 AGE (IN YEARS LAST BIRTHD)	YRS.	NDER 1 YEAR FUNDER 24 HRS
300	N	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIE		Baltimore City  Baltimore City		
C	I	TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, N 526 Orkmey R	118EET 20182812	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W. Saleswoman		26 KIND OF BUSINESS OR NOUSTRY Retail
The state of the s	Mar	AL RESIDENCE IF NURSING HOME COL STATE 136 COL Cyland		town	13d. INSIDE CITY LIMITS? YES NO	526 Orkney I	Rd. 21:	212
1		THER'S NAME WITI	MIDDLE Mann		I da I da	MIDDIE		Knotts
		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	NE WAR OR DATES	SECURITY NO. 9-8570 A	Mrs. Joan Br	ooks 526 Orki		
		PART I. DEATH WAS CAUS	only ane cause per line far (a), ( ED BY: ATE CAUSE (a)	bi, and ici.i	tune s	-OF h		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONS	SEQUENCE OF A	I infani	clin		mmeliate
		cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	CND	NOT DELATED TO THE TEDA	AIN AL DISEASE OR CONDIT	ON GIVEN	year,
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W			20a AUTOPSY? 2	Ob. IF YES, W	ERE FINDINGS USED G CAUSES OF DEATH? NO
9	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI JIF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	HOUR A.M. MONTH	H DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IF	VITEM 18 PART I	OR PART 2)
	ME	WHILE NOT WHILE AT WORK  228   certify the this hose	LAT HOME STREET, FACTORY, C	A 4	STREET	CITY OR TOWN	10	STATE  STATE  P  that (D (we) last
		saw the deceosed alive of above, (1) (we) (did) (did of 22b SIGNATUR)	November 10 ob view the body ofter death.	19 86 .01	nd that in (aur) opinian	death occurred on the date	and have on	, 11/0100 (4/0/103)
		22d. PHYSICIAN'S NAME TYPE	( Valla	ru	M D ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAL	N 🗆	15 87
		David	d Collins		500 W.	University P	kwy.	
	C	BURIAL, CREMATION, REMOVA SPECIFY) remation	1/6/87		emetery or crematory	23d LOCATION CITY OF TOWN Baltimore	City	Maryland
/84		ineral director tchell-Wiedefe	ld Home 6500 °Y	erk Road	21212 250. DA	N 7 = 1987		's SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If them 21 is marked at them 18 shaws any injury, or ather traumatic event, the medical

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FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.		Œ.			

U ·	11 -	DREGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0.
		ECEASED NAME FIRST	٨	AIDDLE (C)	AST	20 DATE OF DEATH	- 7
	L	Dell	\W	(1 Yen	MANNS	1	318/ 1134 M
	3. S	EX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
		The state of the s	13	mel 05	0107	19	YRS
au .	6	BIRTHPLACE   STATE OR FOREIGN		WHAT COUNTRY? 8. MARRIE	D NEVER MARRIED	-	R COUNTY OF DEATH
P P		/ irginia	U.S.A	NOSPITAL NURSING HOME O		BALTIMORE 120 USUAL OCCUPATION	
of the		Bullimve		H FACILITY, GIVE STREET ADDRESS)	lical Conter	Seamtress	
muss be	130	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUR Maryland		GIVE RESIDENCE BEFORE ADMISSION) 134 CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / 2301 Arun	ZIP CODE ah Avenue 21216
nine	14_F	FATHER'S NAME	WIDDIE	LAST	15 MOTHER'S MAIDEN NAM	ME	· LAST
exo	)	George		Marshall	Per Publication		
dical		WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES GIV NO	MED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	
e a		NO			Rev. Gabrie	1 Manns 230	1 Arunah Avenue
9.70		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per D BY:	line for eq), (b), and ic)	Donal	Failvit	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		IMMEDIA	TE CAUSE (a)	Chronic	KENNI	1 -6 (11.	
1			DUE TO, OI	R AS A CONSEQUENCE OF			
16		Conditions, if any, which gave rise to immediate	(b)				
The state of		cause ial, stating the underlying cause lost.	DUE TO, OI	R AS A CONSEQUENCE OF			
0 /	10	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART I I a
al lo	Z O		2				
90	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
2-4	1 E	21a, ACCIDENT WAS UNDERLYING	7 216. TIME O	E INTITION	21c HOW INJURY OCCUR	YES NO	YES NO
20		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DAY YEAR	ZIT TIOW INJOK! OCCUR	CED (ENTER NATURE OF INJUI	TY IN ITEM 18 PART I OR PART 2)
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.:		211 LOCATION		
Da.	ME	WHILE NOT WHILE AT WORK		EET FACTORY, OFFICE FARM ETC )	STREET	CITY OR TO	WN COUNTY STATE
		220.1 certify that (1) (this hasp	ital) attended #h	e deceased fram	1/12 19 57	, to	, 19, that (I) (we) last
40		220.1 certify that (i) (this masp					
21 is mort		saw the deceased olive an		31 19 87 01	nd that in (my) (our) apinion (	death occurred an the do	ate and haur and from the causes stated
Nam 21 is more		A CONTRACTOR OF THE PARTY OF TH	ot) view the body	31 19 87, al	DEGREE	/	220 DATE SIGNED
T. If hem 21 is most		saw the deceased alive ar obove (1) (Ne) (did) (did no	ot) view the body	31 19 87, al	DEGREE ATTENDING PHYSICIAN	deoth occurred on the do	220 DATE SIGNED
TANT. If ham 21 is most		saw the deceased olive ar	ot) view the body	ofter death	DEGREE ATTENDING _	MEDICAL _ STAF	220 DATE SIGNED
MPORTANT. If them 21 is most		saw the deceased alive ar obove (1) (Ne) (did) (did no	ot) view the body	otter deeth 19 87.00  refull MC  hadall mc	ATTENDING PHYSICIAN E	DIRECTOR PHYSIC	220 DATE SIGNED
IMPORTANT If them 21 is mort	230.	saw the deceased olive are obout, (1) (3e) (did) (did not obout, (1) (3e) (did) (did not obout, (1) (did n	ot) view the body OR PRINT)  73b. DATE	ofter death 19 87. or while MD hudal mD 131. NAME OF C	ATTENDING PHYSICIAN E	DIRECTOR PHYSIC	BLV U
IMPORTANT: If them 21 is mort	L	saw the deceased olive are obout. The (did) (did not obout. The (did) (did not obout. The (did) (did not obout. The (did)) (did)	ot) view the body	ofter death 19 87. or while MD hudal mD 131. NAME OF C	ATTENDING PHYSICIAN E	DIRECTOR PHYSIC	Blvd

DHMH - 16 60M 7/B (VRA 15, 4)

TO FUNERAL DRECTOR After this certificate has be mould be detected for use as the build imposts permi-with the State Dept. of Health and Mental Hygiene pri

ATTENDING PHYSICIAN, The

TO HOSPITAL OR ATTEN

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STATE OF MARYLAND

042247 JAN	b	FOR STATE REGISTRAR Frederi	ck W. Manser		EALTH AND MENTAL HYC	0 7	0 1 3 6 0	
		CEASED NAME FIRST	WIDDLE		AST	2a DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
may be poge 3 er deoth		FREDERICKW. MANSER				JAN 26,1987 3:15		
may.	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS	
rector,	10	more	white	JUN		S YRS.	MONTHS DATS HOURS MIN.	
a 50 a		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8.	XNEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
Se S		Maryland	U.S.A.	WIDOWE		Baltimore C:	Lty MD.	
offer of with	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		- 11	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING FOREMAN	12b. KIND OF BUSINESS OR INDUSTRY  Chemical	
hours hours		AL RESIDENCE (IF NURSING JOME OF STATE 131 COUR			113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COI		
AND 24	r		L 4 0	siti more	YES NO XX	4120 Annapolis	Road 21227	
MARYL, and within and 2 st	I4. F.	ATHER'S NAME Bruno	MIDDLE NANSER	AST	Wihalemin		Wickasi	
	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDRESS Ma	ryland 21227	
ficote be executivose by thysicion and copports. Pages novol.		YFENO OR UNKNOWN [IF YES, GIV	WAR OR DATES)	07-7849	Catherine G	rachik 3004 Loui	lsiana Ave Balto	
The state of the service of the serv		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CO	+AS+A+	ie Prost	ARREST.	NO MA	
RDS, 2C	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART I to	
the low re-	CERTIFICATI	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED (IFYING CAUSES OF DEATH? (FES NO	
NG PHYSICIAN: The order of the buriel-front of the buriel-front of the order or the order of the		218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
UG PHYSOP offer this of the bull the bu	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
NDIN II or R: Af Use o Use o Is mo		22a I certify that (I) (this hospi	1 7 /		3 19 5 /	, to 1 2 L	, 19_ <u>\$1</u> , that (I) (we) lost	
CTO CTO I for of h		sow the deceosed olive on obove, (I) (we) (did) (did no	t) view the body ofter death	n.		deoth occurred on the date and he		
at OR , the ho at DIRE etochec the Dept T: If Hen		22b. SIGNATURE	30,00	mP	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	Sam 26 19 F	
NER De d	1	22d. PHYSICIAN'S NAME TYPE	OR PRINT)	,	22e. ADDRESS		3 0 1	
O HOSPII		HARVED	B) month	1 mp	3001 5	5. Harons 56	Bolly Mosts	
D o L w s &	23a.	BURIAL, CREMATION, REMOVAL (SPECHY) Cremation	1/27/87		EMETERY OR CREMATORY EW Mem Park	Catonsville	Balto Md	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Mgwy Balto Md

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JAN 28 1987 Julia Deadon Randons

receipt a printer to REFERENCE. TEMPER HODE HELDER HER DESCRIPTION OF TANK 28 PART - July 2004

### STATE OF MARYLAND

8	REG. N	۷٥.	0	ì	j	ó	
FOFT	FATH	MONTH	DAY	YEAR		2h HOUR	_

0175				STATE OF MARYLAND		
2175 JAN	29 FOR REC	TE ISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 / REG. NO.	0 1 3 6
e <del>4</del>	1. DECEAS		MIDDLE	MARSHALL	20. DATE OF DEATH MO	1 21-87 730
tor, page 3 ofter death	3. SEX	Corner	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	IF UNDER I YEAR IF UNDER 24 HI
once.	To. BIRTHP	ACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED LI NEVER MARRIED	9. BALTIMORE CITY OR C	1.4
y the funded within	10. CITY OF	A ITO	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORN FOR MOST OF WO	
24 hours	USUAL RES	SIDENCE HE NURSING HOME OF		EFORE ADMISSION)	1	P CODE # 2/2/
mpletely opd 2 sh examiner	14 FATHER	S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN P	NAME	under e
Poges 1		ECEASED EVER IN U.S. AR	RMED FORCES? 16b SOCIAL S	ECURITY NO. 17 INFORMANT	ADDRESS Andres	#21282
the attending physici make co bon poper emplon or removal.	Cor gor cou	ART I. DEATH WAS CAUSE IMMEDIA additions, if ony, which we rise to immediate se (a), stating the	poly one couse per line for (a), (b) ED BY:  ATE CAUSE (a)  DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE	QUENCE OF SEP.	reumone SIS IRATORY I	
Constant that the state of the	PAR	lerlying couse lost.  T 2. OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE		
on to be	CERTIFICATION 130 130 130 130 130 130 130 130 130 130	PATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		DIL IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
g physicio g physicio ertificate l rial-transit	000	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DE EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR  19	JRRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
offer this os the but hard in order	WEDICAL WHI		21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
L OR ATTENDII the hospital or L DIRECTOR: A troched for use e Dept. of Heal		saw the deceased alive ar	on on view the body after death.	9 8 7, and that in (my) (our) opinion  DEGREE  ATTENDING	MEDICAL STAFF	19 that (I) (we) I and hour and from the causes stated
SPITA Sed by Since de de Stot	22d.	PHYSICIAN'S NAME (TYPE OF AMB)	ORPRINTI)	2ETA 220 ADDRESS	DIRECTOR   PHYSICIAN	uler Balto 4
Bb Should with the Manager And	276 BURIA	EMATION, REMOVAL	1-28-37	231. NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	COUNTY 187 DIATE
DHMH : 16 60M 7/84		AL DIRECTOR	AOORE		ATE REC-D. BY REGISTRAR 250	RECISTRAR'S SIGNATURE

DHMH : 16 60M 7 (VRA 15, 4)

DETTS TUNERAL HOME 1129 N. CAROLINE JAN 48 1987



mpletely filled in by the funeral-director, page 3 and 2 shauld be filed within 22 hours ofter death

FOR STATE

5	TA	TE OF	M	ARYL	AND	
ENT	OF	HEAL	TH	AND	MENTAL	HYGIEN

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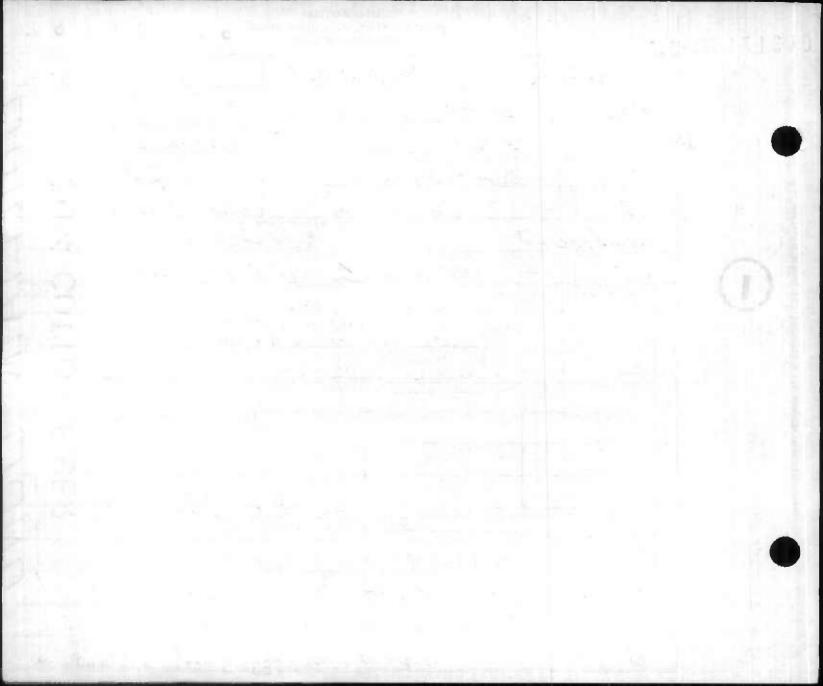
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1	B REGISTRAR	CERT	ITICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	WIDDLE	RSHALL	Te. DATE OF DEATH	DAY YEAR 26 HOUR
L	MARR HARR	1 1	1111		0 879.05Am
3	SEX MAI-	RACE S. DATE	OF BIRTH  DAY  YEAR		FUNDER I YEAR IF UNDER 24 HRS
-	111416	white	- 20-13	/3 YRS	05.054711
10	-eountry)	CITIZEN OF WHAT COUNTRY? 8. MARR	IED NEVER MARRIED	BALTIMORE CITY OR COUNTY	- 1 mm
	N	M. S. H. WIDOV		Baszimore	CITY MD
-10	C i 7	NAME OF HOSPITAL, NURSING HOME (IF NO IN SUCH FACILITY GIVE STREET ADDRESS)	HOS!	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KINĎ OF BUSINESS OR INDUSTRY
13	SUAL RESIDENCE (IF NURSING HOME OR OTHER	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		13e.STREET/ADDRESS / ZIP CODE	740 m2 3
14.	PATHER'S NAME PERST UNANSCUSE MIDT	LAST	15. MOTHER'S MAIDEN NAM	noundie	LAST
160	WAS DECEASED EVER IN U.S. ARMEI (YES, NO ORUNNOWN) (IF YES, GIVE W.	D FORCES? 166 SOCIAL SECURITY NO. AR OR DATES) 578 - 16-2021	17. INFORMANT	Conv. Home	
	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	AUSE (D) CARDIAC	ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	THE STATE OF THE S	DUE TO, OR AS A CONSEQUENCE OF	ARTRRIUSCX	erotic CARDIO	Mascular
	Conditions, if any, which		OCARPIAL i	VFARCTION	pislase
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
	underlying cause last.	(c) SENIVE	DEMENT	iA	
1.		NDITIONS CONTRIBUTING TO DEATH BL	JT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART 110
Í					
CEPTIEICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? NO  NO
	OR CONTRIBUTION CONTRACTOR OF REALTH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEA	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	P.M. 19			TEL N
ED.	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION	CITY OR TOWN	COUNTY STATE
2	WHILE NOT WHILE AT WORK	(All Indian Control of the Control o	1/2 01	1/5.	0.0
1	22a I certify that (I) (this trospital)		122 19 0	_, to	19
	sow the deceased alive an above, (1)-(we) (did) (did not) vi	19 87.	and that in (my) (and opinion o	leath occurred on the date and hour	and from the causes stated
	226. SIGNATURE	42 11	DEGREE		224. DATE SIGNED
	Kuling I	In Hung	MID ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1383
	224 PHYSICIAN'S NAME (TYPE OR PI	(NT)	22e. ADDRESS	11	100
L	KUANG	- YEN HUAN	9 BON S	econRs Ho	spital
T	BURIA CREMATION, REMOVAL	2/4/87 136. NAME OF	ZiON CREMATORY	23d. LOCATION CITY OF TOWNY	COUNTY MO STATE
24	FUNERAL DIRECTOR	Cara Data / ADDREAS/	250. DATE	REC'D. BY REGISTRAR 256 REGISTE	RAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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IMPORTANT: If them 21 is marked ar them 18 shaws any injury, ar other traumatic event, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending shauld be detached far use as the burial-transit permit. Then please remave carban with the State Dept. af Health and Mental Hygiene prior ta burial, crematian, ar rem



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	REG	NO

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	1 -	FOR STATE REGISTRAR	DEPARTN	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 7	01363
29		CEASED NAME FIRST MARY	MIDDLE	MARSHALL.	20 DATE OF DEATH	1 22 87 4.15Am
_	3. SE	× 7	BLACK	5. DATE OF BIRTH	6 AGE LINYEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
5X	C	SOUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF	O. CITY MD
55		Balto.	(IF NOT IN SUCH PACILITY, GIVE STREET A	General HUSD.	(TYPE OF WORK FOR MOST OF	
5	13a. S	AL RESIDENCE (IF NURSING HOME OR OLD STATE 136 COUNT)  ATHER'S NAME	131. CITY OR TOWN		132 STREET ADDRESS 1	Care Center
No.	14- 1	FIRST AND	ED FORCES? 166 SOCIAL SECUL	RITY NO. 17, INFORMANT	M KNOCK ADDRE	J-Z1
e medico			var or Dates) 2/6 687:	324 Office on A	sing 201	W. Preston St.  APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
injury, or other troumd	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  INDITIONS CONTRIBUTING TO D		inal disease or con[	DITION GIVEN IN PART 110
shows ony	CERTIFICATION	19a DATE OF OPERATION	. 19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \text{\sqrt{NO}} \)
ed or Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21c. PLACE OF INJURY I AT HOME STREET, FACTORY, OFFICE, FA	216 HOW INJURY OCCURI 19 211 LOCATION STREET	CITY OR TO	
MPORTANT: If them 21 is mork		22a. I certify that (I) (this haspital sow the deceased alive on above, (I) (we) (did (a)d not) 22b. SIGNATURE	view the body after death.	DEGREE ATTENDING PHYSICIAN	death occurred on the do	
MPORTAN	- (		ROVINDA RA	10//0/	NTY GINL	StOSPITAL
	23 o. E	BURJAL, CREMATION, REMOVAL	236. DATE 1/27/87 23c. N	Mt. 2002	Lansa Lansa	SWING ASSATE

DHMH - 16 60M 7/84

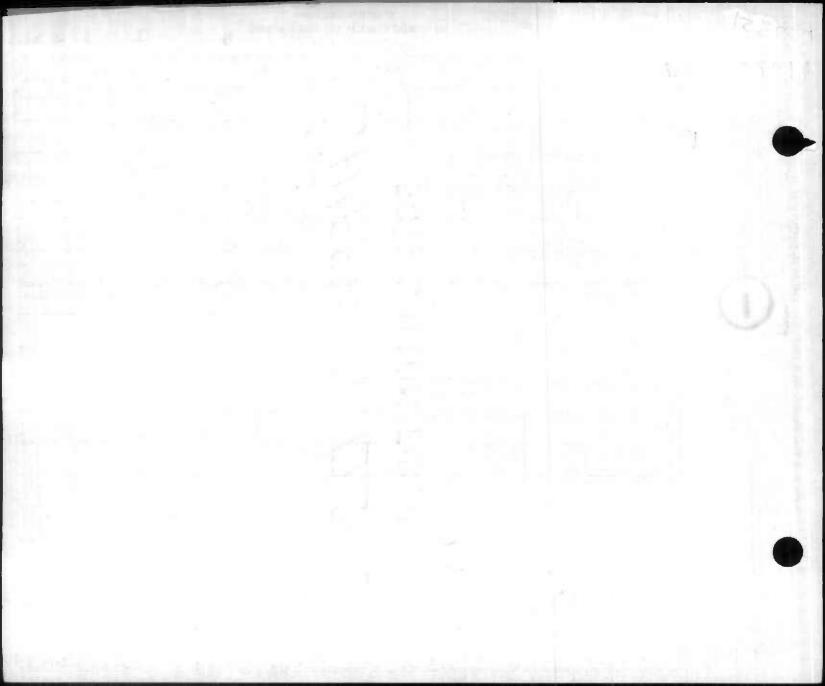
TO FUNERAL DIRECTOR: After this certificate has been signed by the otterming should be detached for use as the burial-transit permit. Then please remove can with the State Dept. of Health and Mental Hygiene prior to burial, cremation, and

(VRA 15, 4)

BP.

Funeral Home 1/01 E. North. NAME 1V

REGISTRARI 25b. REGISTRAR'S SIGNATURE



STATE	OF N	ARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

8	REG. NO.	0	-	3	6	
_	REG. NO.			- 1		

	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HY	GIENE 8 /	0 1 3 6 4
	CEASED NAME FIRST Alber		liam		artin	2a DATE OF DEATH MONTH	13 87 834 p
3. SE)	X	4 RACE		5. DATE O		6 AGE   IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	male	Cauca	sian	MONTH 05	15 ZZ	64 vi	RS DATS HOURS
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	VHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
	Pennsylvania	us	A	WIDOWE	the state of the s	Baltimore	: City A
	ITY OR TOWN OF DEATH			G HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS C
, 60	Saltimore AL RESIDENCE (IF NURSING ME OR	Francis	Scott Ke	y Med	ical Center	Chemist .	Steel Mfgr.
13e. S	STATE I'M COUN	imore	13c. CITY OR TOWN	1	13d. INSIDE CITY LIMITS? YES NO 🔯	13e.STREET ADDRESS / ZIP C 2954 Cornwall	
14 FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE	LAST
1	Albert		Martin	NEW NO.	Anna	ADDRESS	Baker
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) YES WILL	MED FORCES? E WAR OR DATES)	184/18/9		Jean H. Mar	tin (wife) (same	as 13e.)
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per I D BY:	Cardio	lici i		1-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	Conditions, if ony, which gove rise to immediate couse (a), stating the	(b)		Stem	+ Occupital	loke Infarction	6 days
	underlying couse lost.	(c)		rall e	dema 2° t		6 days
Z	PART 2. OTHER SIGNIFICANT (				NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION	GIVEN IN PART 11a
CERTIFICATION	19a. DATE OF OPERATION				N WAS PERFORMED	20g AUTOPSY? 20b. II	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	A LB PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this hosping sow the deceased alive an above, (I) (we) (did) (did no	J.	- 7- 19.		d that in (my) (our) opinion	death accurred on the date and	3. 19, that (I) (we) I hour and from the causes stated
	22b. SIGNATURE	A 80.	ly MD.		PHISICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	22d. PHYSICIAN'S NAME TIMES	. Study			Francia Catt k	ing Wheel Ctr. East	en Are Ballonno
23a. E	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 1/16/19			emetery or crematory idge Mem Parl	23d. LOCATION CITY OR TOWN Elkridge,	Maryland state
	uneral director Walter Brooks B	radley I	nc. Balto	o., M	d. 21222 25c. JA	TE REG'D, BY REGISTRAR 258. RE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



040835

and campletely filled in by the funeral director, page 3 toges 1 and 2 should be filed within 72 hours after death

CT	ATE	OF	M	ADV	LAND
31	MIL	VI	IV	MN I	LAIV

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

62	1	
0	REG. NO.	

		1112
- 1	3	0
1		-

REGISTRAR				CERTIF	ICATE OF D	EATH	8	REG. NO.	U	1 1	) ()	00)
DECEASED NAME	FIRST	N	AIDDLE	l	AST ^		26 DATE OF D	EATH MO	NTH DAY	YEAR	2b. HOUR	
( The On Princip	BERNA	ARD -	Α.	N	ARTIN			/	//	87	13	BM
3 SEX		4. RACE		5. DATE C		YEAR	6. AGE (IN YEA	RS LAST BIRTHDA		UNDER I YEAR		HRS MIN.
MAI	E	W	HITE	1	27	02	84		YRS.			
II. BIRTHPLACE (STAT	E OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8 MADDIE	D NEVER M	ARRIED T	9 BALTIMOR	CITY OR C	OUNTY OF	DEATH		
Virginia		U.S.	A .	WIDOWE		ORCED	BALTI	MORE	E C.	ITY		ME
CITY OR TOWN OF	DEATH	11. NAME OF H	OSPITAL, NURSIN		OR OTHER INSTI	TUTION	120 USUAL O			12b. KIND C	OF BUSINESS	5 OR
BALTIMON	ECITY	LIBER	TY MED	ICAL	CENT	ER	Crane				eham S	te
SUAL RESIDENCE (#	NURSING HOME OF		GIVE RESIDENCE BEFORE		13d INSIDE CI	TV LIMITED 1	13e STREET AL	DDESS / 71				
Maryland	School Age	BOARD HARDS PROPERTY.	Baltimor			NO	430 Mi			<i>J</i> enue	2122	3
FATHER'S NAME					A 400 W	MAIDEN NAM			-011 111			
FIRST A set la com		WIDDLE	LAST Manachaire			IRST		WIDDLE		Santo		
Anthon MAS DECEASED E		MED FORCES?	Martin	-	17. INFORMAN	lara		ADDRESS		Same	75	_
(YES, NO OR UNKNOWN		VE WAR OR DATES)					420	102772		7	21222	
NO			213-09-0		Mary C	. Marti	ln 430	MITITI	ngton		ZIZZJ XIMATE INTERVA I ONSET AND DE	
PART I. DE AT	H WAS CAUSE	TE CAUSE (a)	line for (a), (b), and	a pri	a	2	0180	P		5,74,554	CHISCH AND DE	
PART 2 OTHER	SIGNIFICANT	CONDITIONS CC	NEW ING TO D	DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE	OR CONDITI		IN PART 1	a	
190 DATE OF OP	ERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTOP		IL IF YES, W CERTIFYIN YES	NG CAUSES	NGS USED S OF DEATH	?
OR CONTRIBUTION	CAUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJ	URY OCCURRE	D (ENTERNALL	IRE OF INJURY IN	ITEM IS PART	OR PART 2)		
(IF EITHER, NOTIFY  21d INJURY OCI  WHILE NOTIFY  AT WORK	OT WHILE T	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATIO STREET	N		CITY OR TOWN		COUNTY	STA	ΤE
220 I certify the	it (1) (this hosp	ital) attended the	e decepsed from_	1-	10 -	. 19 8 7	fp	1-11	. 19.	87	that (1) (we	) la
saw the de	ceased alive or	ot) view the body	otter death	\$7,0	nd that in (my) (	aur) Dpinian de	eath accurred	on the date	and hour pr	nd from the	causes state	ed .
226. SIGNATURE		A STATE WITH SUDAY	oner deolft.		DEGREE					226 DATE	ESIGNED	
Sher	A D	Jashin	1	- /		HYSICIAN	MEDICAL DIRECTOR	STAFF	V D	1-1	1-87	7
22d. PHYSICIAN	SNAME (TYPE				22e ADDRESS	5				0111		
SHER	A	4ASHM			2600		RTY		475	AUE	2121	5
230 BURIAL, CREMATI	ON, REMOVAL				EMETERY OR C		23d. LOCAT	RTOWN	c	OUNTY	414	TE .
Buri	al	1/14/8	7   La	oudon	Park Ce	emetery	Balt	rmore			Maryla	inc
	-				11770	105 0 175	DECID ON DE	CICTRADIOL	mm on to me o	mic c.c		

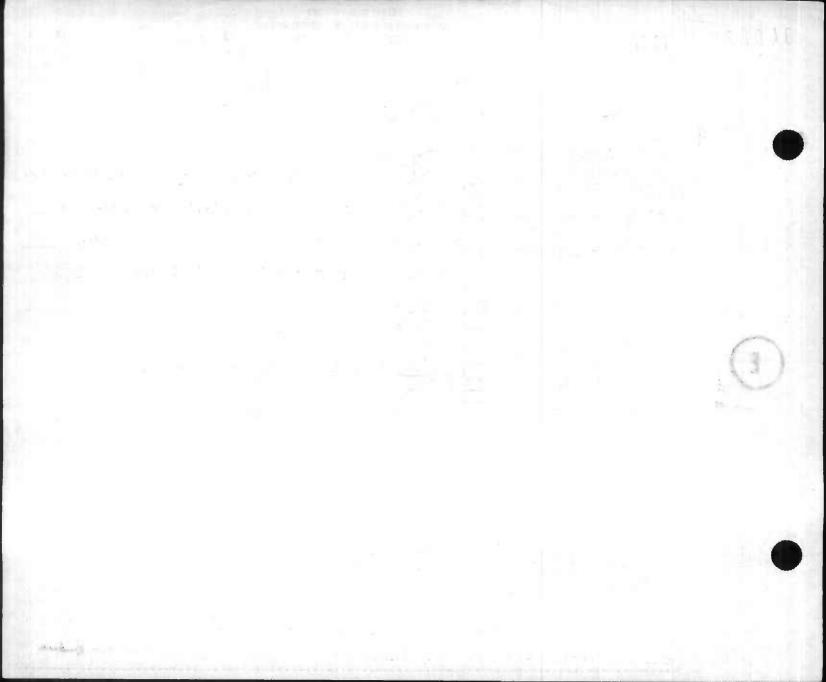
DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

JAN 13 1987 Julia Jander Lander



MARTIN.

						Distant.	
EPAR	TMENT	OF	HEAL	HT.	AND	MENTAL	HYGIENE
	CE	RTI	FICA	ATE	OF	DEATH	

8 REG. NO.	0	1 .	3 6	Ö
JANUARY 27,		YEAR	26 HOU	1
GE (IN YEARS LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER	24 HRS
65	MONTH	S DAYS	HOURS	WIN.

EX	4 RACE	5. DATE OF BIRTH					
M	В	6 6	11	21 EAR			
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER	MARRIED			

9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY

10. CITY OR TOWN OF DEATH BALTIMORE

FOR - STATE REGISTRAR DECEASED NAME [TYPE OR PRINT]

> WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE JOHNS HOPKINS HOSPITAL

MACHINE OP.

126 KIND OF BUSINESS OR

MD.

USUAL RESIDENCE	(IF NURSING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION
13a. STATE	13b COUNTY	13c CITY OR TOWN
MD	-	BALTO.
1-10	The same of the sa	DITE TO:
14 EATHERICALANE		

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o)

15 MOTHER'S MAIDEN NAME SARAH

808 REVERDY RD MIDDLE

FOLKNER

FIRST **HENRY** 

MARTIN 16b. SOCIAL SECURITY NO

CARDIOPULMONARY

17. INFORMANT

13d INSIDE CITY LIMITS? NO [

ADDRESS

60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

JAMES

216166603

THELMA MARTIN 808 RIVERDY RD 21212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

MINUTES

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse

DUE TO, OR AS A CONSEQUENCE OF

FROM NEUROPATHY

MINUTES

190 DATE OF OPERATION
21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
(IF EITHER NOTIFY MEDICAL EXAM
(IF EITHER NOTIFY MEDICAL EXAM

21b. TIME OF INJURY HOUR A.M. MONTH DEATH NER)

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE OF

CITY OR TOWN

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

AT WORK

21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

STATE

220 I certify that (IV this hospital) attended the deceased from

JAN 27

ADDRESS

1101 F. NORTH AVE

our) opinion death occurred on the date and hour and from the couses stated

above (1) twe 22h SIGNATURI

BURIAL

CERTIFICATION

MEDICAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

DEGREE 22e. ADDRESS

MEDICAL PHYSICIAN [] DIRECTOR PHYSICIAN WOLFE STV. 600 N.

BALTO.

230 BURIAL, CREMATION, REMOVAL

2/2/87

RAIFON

73c. NAME OF CEMETERY OR CREMATORY GARRISON FOREST

23d LOCATION OWINGS MILLS 21205 STATE

DHMH - 16 60M 7/84

should be deta with the Stote I

MPORTAN

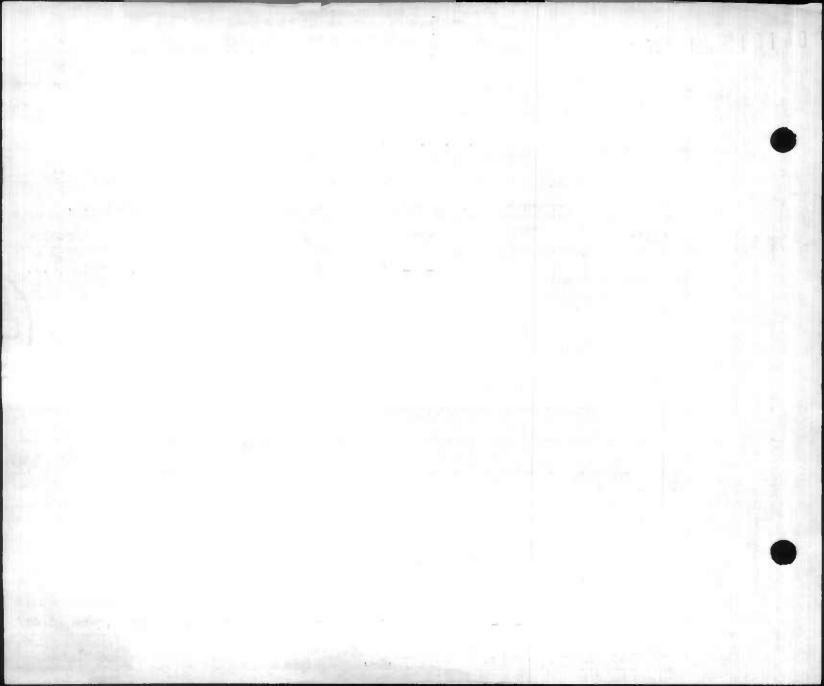
24 FUNERAL DIRECTOR NAME

MARCH FUNERAL HOME

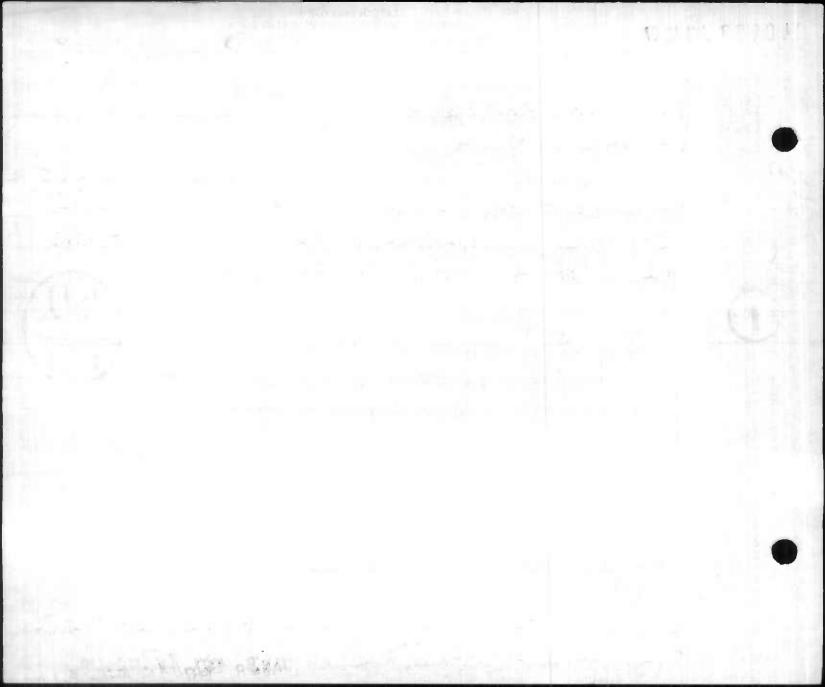
SIRAR 256 REGISTRAR'S SIGNATURE

(VRA 15, 4)

		1	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE													
1 4	1815	TANI		STATE REGISTRAR	APPROAL EXCLUSION OF THE CONTRACT OF THE CONTR											
	101.0	OHN	I. DEC	EASED NAME	FIRST		WIDDLE		LAST	Zo. DATE K	NOWN (7) MO	ONTH DAY	YEAR 2	26 HOUR		
	S S S S S S S S S S S S S S S S S S S		(TYPE	OR PRINT!	RGARET		MARY		MARTIN	OF DEATH A	E211-	1-20-87		M		
	<b>万円 子子</b>	N N	3. SEX	4 RACE	5 D/	ATE OF BIRTH	YEAR LAST BIRT		INDER 1 YR. IF UNDER 24	HRS. 2c. DATE	MON	NTH DAY	YEAR	24 HOUR		
	SZ S	ž		male Whi			1961 25	YRS.	THS DATS HOURS M	DEAD	1	1-20-87		:17a		
	ESSA Y NEW YOR Y	N K		THPLACE (STATE OR SEIGN COUNTRY)	7b. C	ITIZEN OF WH		8. MAR	RIED NEVER MARRIED	9 BALTIMO	RE CITY OR CO	UNTY OF DEA	TH			
	N N N N N N N N N N N N N N N N N N N	0		w Jersey		U.		WIDO			MORE CIT			MD.		
	ELAY IS O THE PAGE	OC	В	Y OR TOWN OF DEAT ALTIMORE	2	701 Bos		t (W. s	side of bldg)	FOR MOST OF WORKING Homemak	NG LIFE)	ORK 12h KIND (OR INI	DUSTRY	1		
1	AD 21201  A IN THE FUNERAL DIRECTOR.  A AND 3 TO THE FUNERAL DIRECTOR.  A RETAIN PAGE 5 FOR YOUR FILES.  SHOULD BE FILED. WITHIN 72 HOURS.		13e S1	ATE Jersey	Monmou  Monmou		13c. CITY OR TOWN	V	13d INSIDE CITY LIMITS? 13	e. STREET ADDRES	s 2 Hamil	ton kyd	14	9		
J = J	E, MD. S 1, 2, PM 3. ND 2 SH	118	M. FA	THER'S NAME	IDIA	.,			15 MOTHER'S MAIDEN	VAME			-			
	IMORE, ME TER DEATH. PAGES 1, ORM PM ECI AND 2		iW (	lliam	MIDL	ηtε	Martin		Mary	AID	nn	Ba.	real	LOW		
	S AFTER DEA GIVE PAGES THE FORM PAGES THE FORM PAGES I ANI	2	160 V (YE	AS DECEASED EVER II	U.S. ARMED F	ORCES?	166. SOCIAL SECUI		17. INFORMANT		ADDRESS	07	752	1		
	T., BALTIMO UNS AFTER 18. GIVE PAR WITH FOR	ASIA SI		No			130-38-6	873	Judith Koep	pel 60Gra	nd Ave.	Navesin	k,N.	J.		
	: 500≥ = 6	n					for (a), (b), and (c).)						KIMATE IN	NTERVAL IND DEATH		
	STON ST., N 24 HOUR N ITEM 18. ALONG W	AL.	7.0	TAKI TOLAHI WA	MMEDIATE CA		tiple stab		nds							
	EST IN S	WON		Conditions, if or	w which	DUE TO, OR	AS A CONSEQUENC	E OF								
	NAT NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOT	R RE		gove rise to i	mmediate	(b)										
	201 W. PRESTON ST., UTED WITHIN 24 HOUS IN PENCIL IN IEM 18 EXAMINER ALONG W STAL-TRANSIT PERMIT	¥° Z		lying cause lost.	ne unger-	DUE TO, OR	AS A CONSEQUENC	E OF								
	S. 2	OT O		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	(c)	III NOT BELATED TO THE T	ERMINAL OCC	ASE OR CONDITION GIVEN IN PART 1							
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO RITING THE WORD "PENDING" IN PENCIL IN ITEM 1 RDED TO THE CHIEF MEDICAL EXAMINER ALONG SES SHOULD BE USED AS A BURIAL. TRANSIT PERM	EW E	N			011110 10 012111	OF HOT RELATED TO THE T	INMINAL OISE	SE OR CONDITION GIVEN IN PART I							
	PEN	¥0,7	CERTIFICATION	19s. DATE OF OPERAT	ION	196 CONDIT	ION FOR WHICH OF	ERATION	WAS PERFORMED?			20 AUTO	OPSY?			
	F VITAL RE TE SHOULD WORD "PE TE CHIEF A TE	2 \(\frac{1}{2}\)	TIFIC									YES	8	NO []		
	OF V HE W HID B	DEPARIMENTO SI PRIOR TO BUR	CER	210 EXTERNAL CAUS		216. TIME OF	INJURY MONTH DAY YE	21c. 1	HOW INJURY OCCURRED (	ENTER NATURE OF INJUR	Y IN ITEM 18 PART TO		7.0			
	ON O IFICA TO THE	OR OR	5	UNDERLYING DO	AUSE OF DEATH	? P.M.	?-?-8719	SI	abject found	stabbed						
	VISI GERT 3 SP	200	AEDI	WHILE DOT V		21e PLACE C	OF INJURY (AT HOME, DRY, FARM, ETC.)	21f L	OCATION STREET	CITY OR TOWN	,	COUNTY		STATE		
	I S & & C	22	<	AT WORK AT WO	HILE X	west s	ide of blo	lg. 27	701 Boston St		altimore	, Maryl	and	VIAIG		
	VER: THI CATE, W FORWA OR: PAG	20,04		220. I certify that I t	ook charge of th	ne remoins desc	ribed obove, held ar	Auto	psy X, Inspection	, Inquiry	ond in m	ny opinion				
	EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR:	Z I		death resulted from:	Natural cou	ses ,	Accident,	Suicide [	, Homicide X.	Undetermined man	ner ,					
	DIE CERT	AR.		ACTUAL A	-0	500	~		TITLE (SPECIFY)	-						
	A HE SHE	I V	-	SIGNATURE	1	VY 0			M.D. ASSISTANT	MEDICAL EXAMIN	VER SH	GNED 1-2	60-8	7		
	MEDIA CUTE FUNE	200		EXAMINER'S NAM (TYPE OR PRINT)	o Ma	rgarita	a A. Korel	1,M.D	ADDRESS 111	Penn Stre	eet					
	5 A A S	44	23e. BL	RIAL, CREMATION, RE	MOVAL 236. DA	TE	23c. NAME OF	CEMETERY	OR CREMATORY 12	3d LOCATION		COUNTY	,c1.271			
07	84 RP			Burial	1	-26-87	Bay	View	Cemetery	Laonardo,			Jer	rsey		
anc	O CORWH -	17		NERAL DIRECTOR		ADDRESS			250. DATE REC	D. BY REGISTRAR	256 REGISTRAF	R'S SIGNATURE	-	2-9-6		
171	7 (YR A/S ME	(5))	Ma	rzullo Fun	eral Se	rvice	Upperco	,Md,	JAN	3 7 198/	1 in	cordura - Par	التعمل	he		



DHMH - 17 (VR A15 ME (5))



040231

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	7	0	1	3	6	
,	REG. NO.	4				
7.5	DE DELVIII					_

1-8-	STATE BREGISTRAR		CERTIF	ICATE OF DEATH	8 / REG. NO.	
	CEASED NAME FIRST	MIDDLE	(	AST	20 DATE OF DEATH MONTH	DAY YEAR 26-HOUR
TYPE	Dayid	R.	Masin	cupp Jr.	1/3/1	987 85
3. SE	Male	1. RACE Wh. Le	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
	Indiana	USA	WIDOWE		Baltimore (	City
	altimore	TO K Medical	URSING HOME C ESTREET ADDRESS) Centel	OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN Marriott	12b, KIND OF BUSINES: INDUSTRY
13a S	STATE 136 COI	or other institution, give residence unit	RTOWN	13d. INSIDE CITY LIMITS? YES NO 🖺	13e STREET ADDRESS / ZIP CO	ODE Rd. 21222
14 FA	David	R <sup>MIDDLE</sup> Masinc	upp Sr	IS. MOTHER'S MAIDEN NA El Ta	ME	Tweed
		ARMED FORCES? 166 SOCIAL		17 INFORMANT	ADDRESS	2122
	YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES) 212-2	26-0973	Virginia M	asincupp 1815	7 Tyler Rd.
NOIL			6		NINAL DISEASE OR CONDITION	
CERTIFICATI	190 DATE OF OPERATION	196, CONDITION FOR W	VHÌCH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STAT
	saw the deceased alive of	pilal) attended the deceased I	19 <u>87</u> , or	DEGREE	death occurred on the date and	nour and from the causes state  22c DATE SIGNED
	22d. PHYSICIAN'S NAME (17PH	Sricht.	11.	ATTENDING PHYSICIAN [	KMC	1/3/83
	BURIAL, CREMATION, REMOVA (SPECIFY)	23b. DATE		EMETERY OR CREMATORY	23d LOCATION	SI.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Cremation 1/6/1987 Security
FUNERAL DIRECTOR
Connelly Funeral Home of Dundalk

Process

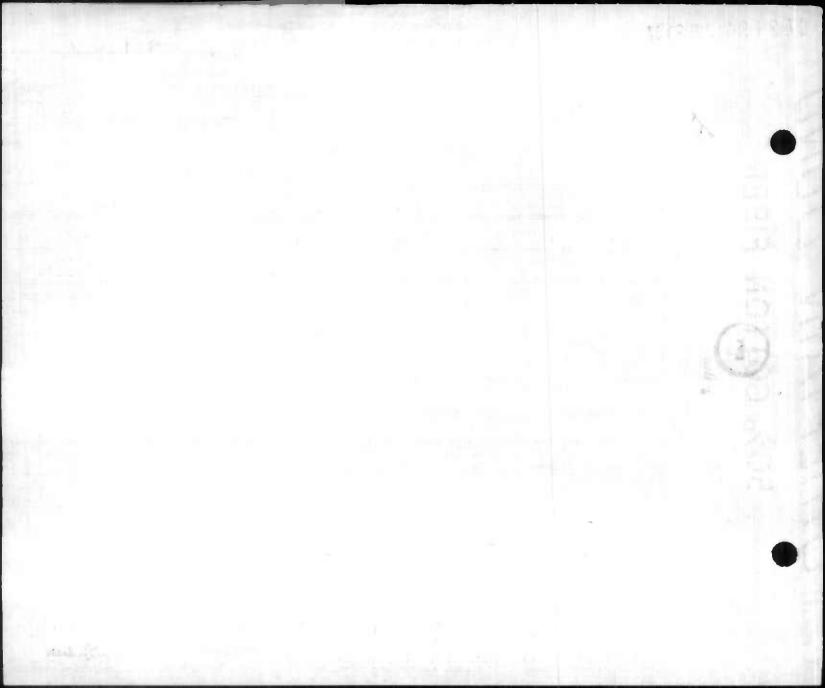
Baltimore,

JAN 6 1987 Julia Desiren Landare



#### STATE OF MARYLAND

2134 JAN	lan	FOR			DEPARTM			PEMARYLAND							
Z I 3 4 JAN	43	STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  AR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. (D) 1 3 7 0												
		CEASED NAME	FIRST		WIDOLE		LAS	ST .			DATE KN			DAY YEAR	Zh HOU
W-121-1499-1-2	(TYI	E OR PRINT)	FRank		V.		Math	ora		7 500	OF E	511-		07	17
日野党は	3. SE	K T	4 RACE	5. DATE OF BIRTH	V .	AGE (IN YEARS	IF UNDE		IF UNDER	24 HRS 7	c. DATE	A110	4 4	. 1987	2d HOU
50	V.	Male	White	MONTH DAY	YEAR 22	64 YRS.	MONTHS		HOURS		RONOUNCE	D	1-21	1,87	8:41 P. N
Ż	-	IRTHPLACE (ST		76. CITIZEN OF W						_ 9		E CITY OF	R COUNTY (		[P. N
5×		REIGH COUNTRY)			.A.		MARRIED		VER MARRI DIVORC	ED 📗		_	City,		
10		ITY OR TOWN (		II. NAME OF HOS	PITAL, NURS	ING HOME, C					AL OCCUPAT			KIND OF BI	
1		Baltimo	re	St. Agr	CILITY, GIVE STR	spital				FOR MC	klayer	CHEEN	_	OR INDUST	RY
p	USU/	AL RESIDENCE (	IF IN NURSING HOME O	R OTHER INSTITUTION, G		FORE ADMISSION		A INCIDE C	ITY LIMITS?		T ADDRESS				
Э		aryland	134 COOI4			timore		YESX	NO [	506	S. Bru	nswi	ck Str	eet ?	21223
	_	ATHER'S NAME		AIDDLE.			15	MOTHE	ER'S MAIDE						
		Walter		MIDULE		Mathers		F	Elean	or	MIODL	lt.		Eckels	3
1	160.		EVER IN U.S. ARA	AED FORCES?	16b. SOCI	AL SECURITY N	10. 17	INFORA			-	ADDRESS		21223	
		YES	, , , , , , , , , , , , , , , , , , , ,	W II	214-	-14-052	6 1	OUCE	el C.	Math	ers 50	6 S.	Bruns		
		18. CAUSE OF	DEATH (Enter onl	y ane cause per line										APPROXIMAT	TE INTERVAL
4		PARTIDE	ATH WAS CAUSED	E CAUSE (a) Hy	perter	nsive C	ardio	ovaso	cular	Dise	ase		-	BETWEEN ONS	ET AND DEATH
250		100	IWWEDIAT			EQUENCE OF	C	3 1 40	outur	D400	aoc				-
€3			s, if any, which	1											
×			e to immediate	(b)	AS A CONS	EQUENCE OF									
è		lying caus		000.00	A0 A CO/13	EGOLIACE OF									
A SECOND		PART 2 OTHER SIG	NIFICANT CONDITIONS O	(c) Contributing to death	BUIL NOT BELATE	O TO THE TERMINA	OISEASE OF	CONDITION	N CIVEN IN BAI	DT 1					
RIAL, CREMAT	Z			The second second	OUT HOT REENTE	O TO THE TERMINA	L DISERSE UR	COMULLION	N GIVEN IN FAI	KI I I G					
- (	ATA	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY	2					
5/	F														
<u> </u>	CERTIFICATION	210 EXTERNA	CAUSE WAS	216. TIME OF			21c HOW	INJURY	OCCURRE	D (ENTERNA	TURE OF INJURY	IN ITEM 18 PA	ART I OR PART 2)	YES 🗌	но 💢
3		UNDERLYING	OR		MONTH [										
S S	MEDICAL	21d INJURY O		21e PLACE		19 (AT HOME.	21f LOCA	TION							
7 107 17	ME	WHILE AT WORK			ORY, FARM, ETC		STRE				CITY OR TOWN		COUNTY	1	STATE
		AT WORK	AT WORK												
		220 I certif	that taak charge	e of the remains did	ribegabore	held on	Audopou	<u></u> Ш	Inspection	KX	Inquiry [	and	d in my apinio	an	
Ž		death resulte	fram: Natur	of courses X	Mident	Shop		Hamic	ide	Undeter	mined manne	er .			
3		N	An.	1000	X	TIAN	1	THEIS	PECIFY						10 40
4		SIGNATURE	Melle	U5/X)	my	10/00	runt	Assi	istant	MEDIC	AL EXAMINE	ER	DATE SIGNED	1-22-	-87
5	1	EVAMINENCE	IAME Do	i - P C	11/1	D			ם ווו		L D-	140		2120	
BALTIMORE, M	-	(TYPE OR PRIN	T) Denn	is F. Smy	cn M	.D.	AD	DRESS_	111 Pe	enn S	t., Ba	ito.	, Ma.	21201	-
	23o.B	URIAL, CREMAT	ION, REMOVAL 23			ME OF CEME				23d LOC CITY OF	ATION		COUNTY	S	TATE _
		Buri		1/26/87	Cro	ownsvil	le Ve			Cro	wnsvil		A.A.	Mary.	land
,		UNERAL DIRECT		AODRESS			1229		250. DATE R		EGISTRAR		STRAR'S SIGN		
ME (5))	Hu	ubbard E	uneral H	lome, Inc.	4107	Wilken	s Ave	2.	IAN	128	1987	Julia !	Devideon	· Corner	



ampletely filled in by the funeral director, page 3

## STATE OF MADVIAND

STATE OF MAKILARD	
PEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

3 7 0 1 3 7		REG. NO.					_
	3	1	0	1	3	7	

18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMMED	ARMED FORCES? 16b SOCI	J. DATE OF BI MONTH IO  SUNTRY? & MARRIED WIDOWED ( NURSING HOME OR O INESTRETADORESS)  NICE BEFORE ADMISSION) OR TOWN 13d  LAST H LUS IAL SECURITY NO. 17. 19-7536  II, (b), and ichil	16 14 NEVER MARRIED DIVORCED	120 USUAL OCCUPA (TYPE OF WORK FOR MOST  TEXT TEXT  2 136.STREET ADDRESS 1616 Ho	PRESS TO METHODAY)  IF UND MONTHS  YRS.  OR COUNTY OF DI  TON OF WORKING LIFE; INI  ZIP CODE  EVA  RESS  What  Control  RESS  What  RES	
BIRTHPLACE (STATE OR FOREIGN COUNTRY)  DITY OR TOWN OF DEATH BALTMORE  JALRESIDENCE (IF NURSING HOM STATE  LAND  ATHER'S NAME FIRST  WAS DECEASED EVER IN U.S. (YES, NO OF UNKNOWN)  (IF YES  CAUSE OF DEATH (Ente- PART I. DEATH WAS CAL IMMED	B  76. CITIZEN OF WHAT CO  USA  111. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY OF  COROTHER INSTITUTION, GIVE RESIDER  MIDDLE  ARMED FORCES?  GIVE WAR OR DATES)  ONLY  ONLY  ONLY  ONLY  ATTENDED  ONLY  O	MARRIED WIDOWED WIDOWED NURSING HOME OR O  NURSING	NEVER MARRIED DIVORCED DITHER INSTITUTION  d. INSIDE ITY LIMITS (ES NO)  MOTHER'S MAIDEN FRST	9. BALTIMORE CITY BALT 120 USUAL OCCUPA (TYPE OF WORK FOR MOST FET ITEM 52 136.STREET ADDRESS 1616 HO NAME MIDDLE	YRS.  OR COUNTY OF DI  TION OF WORKING LIFE!  INI  ZIP CODE  OF WORKING LIFE!  A ZIP CODE	EATH  CITY  M. KIND OF BUSINESS OF  DUSTRY  ST Balr. 2  LAST  LAST  CAMPUNE  CAMPUNE
COUNTRY)  CITY OR TOWN OF DEATH  BALTIMURE  JALRESIDENCE (# NURSING HOM STATE 130 CG  ATHER'S NAME FIRST  WAS DECEASED EVER IN U.S. (YES, NOOR UNKNOWN) (# YES  18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMMEDIA  Conditions, if ony, which	ARMED FORCES?  Only one couse per line for 10 ISED BY:  III. NAME OF HOSPITAL,  (IF NOT IN SUCH FACILITY, OF AVENUE AND A	MARRIED WIDOWED  NURSING HOME OR O  INVESTRET ADDRESS  NEED FORE ADMISSION  OR TOWN  LAST  HALWS  IAST  19-7536  10, (b), and ichil  Andropal m	DIVORCED  DTHER INSTITUTION  INSIDE CITY LIMITS  ES NO  MOTHER'S MAIDEN  FIRST	120 USUAL OCCUPA (TYPE OF WORK FOR MOST  TEXT TEXT  130.STREET ADDRESS 1616 HO  NAME  MIDDLE	TION 12b OF WORKING LIFE I INI SZIP CODE I DE CODE	St Balt. 2
JAL RESIDENCE (IF NURSING HOMESTATE 13h. CC ATHER'S NAME FIRST VAS DECEASED EVER IN U.S. (YES, NO OB UNKNOWN) (IF YES PART I. DEATH WAS CALL MAKED COnditions, if ony, which	ARMED FORCES? 16b SOCI	CONTOWN 13d 15.  LAST HOUS IAL SECURITY NO. 17.  19-7536 LACK OF THE PROPERTY NO. 17.  19-7536 LACK OF THE PROPERTY NO. 17.  19-7536 LACK OF THE PROPERTY NO. 17.	d. INSIDE ITY LIMITS  TES NO  MOTHER'S MAIDEN  FIRST	(TYPE OF WORK FOR MOSI  TEXTIFE  TEXTIFE  TO THE OF WORK FOR MOSI  TEXTIFE  TO THE OF WORK FOR MOSI  TEXTIFE  T	ZIP CODE  OFOCK  RESS  LIMITATION  RESS  RESS  LIMITATION  RESS  R	St Balr. 2  LAST  2015  2015  2016
ATHER'S NAME FIRST  WAS DECEASED EVER IN U.S. (YES, NO OF UNKNOWN)  18 CAUSE OF DEATH (Enterpart I, DEATH WAS CALL MAKED  Conditions, if ony, which	ARMED FORCES? IN SOCI GIVE WAR OR DATES)  only one couse per line for 10 ISED BY:	OR TOWN LAST LAST HELWS JAL SECURITY NO. 17. 19-7536  1, (b), and ichilar of the analysis of t	MOTHER'S MAIDEN	NAME MIDDLE	RESS THE	2015 2015 2012/6/3
WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES  18 CAUSE OF DEATH (Enterpart I. DEATH WAS CAL  MMED  Conditions, if ony, which	ARMED FORCES? 166 SOCI GIVE WAR OR DATES) 214- only one couse per line for 10 ISED BY:	HHEWS  JAL SECURITY NO. 17.  19-7536  b), (b), and ichill  andiopalm	MINNI	MIDDLE	Clintor	APPROVINCE INTERVAL BETWEEN ONSE AND DEALM
(YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMMED	only one couse per line for to ISED BY:	19-7536 Landicipal m	Blows 7	Martin 505	Clintor	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAL IMMED Conditions, if ony, which	JSED BY:  (IATE CAUSE (o)	ardiopular	200 al X			BETWEEN ONSET AND DEATH
gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CO	S CJOST S	ST RELATED TO THE T	ERMINAL DISEASE OR CO	ndition given in	(ad
190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION W	VAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WER PATCERTIFYING YES	E FINDINGS USED CAUSES OF DEATH? NO
21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (FEITHER, NOTIFY MEDICAL EXAM. 21d. IN JURY OCCURRED  WHILE NOTIFY MEDICAL EXAM. AT WORK AT WORK	DEATH HOUR A.M. MON INER) P.M.	19 211	NA	CURRED (ENTER NATURE OF IN.		R PART ?)  DUNTY STATE
sow the deceased alive	on 31 JAN not) view the body after deat	2 MD DEG	hat in (my) (our) opin GREE ATTENDING PHYSICIAN	G MEDICAL ST.	date and hour and t	from the couses stated 2c. DATE SIGNED
1/ -10	01					
	WHILE AT WORK NOT WHILE AT WORK  27a I certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) 27b. SIGNATURE	WHILE AT WORK   NOT WHILE AT WORK   (AT HOME, STREET, FACTOR AT WORK   NOT WHILE AT WHIL	WHILE AT WORK   NOT WHILE AT WORK   STREET, FACTORY, OFFICE, FARM, ETC.)  228   Certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death.  228   SIGNATURE   DEC.  224   PHYSICIAN'S NAME (TYPE OR PRINT)	WHILE AT WORK AT WORK AT WORK (IT PE OR PRINT)  AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET	WHILE AT WORK   NOT WHITE AT WORK   NOT WORK   NOT WHITE AT WORK   NOT WHITE AT WORK   NOT WORK   NOT WORK   NOT WORK   NOT WH	WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  228   Certify that ( ) (this hospital) attended, the deceased from sow the deceased alive an obove, ( ) (we) (did) (did not) view the body after death.  228. SIGNATURE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

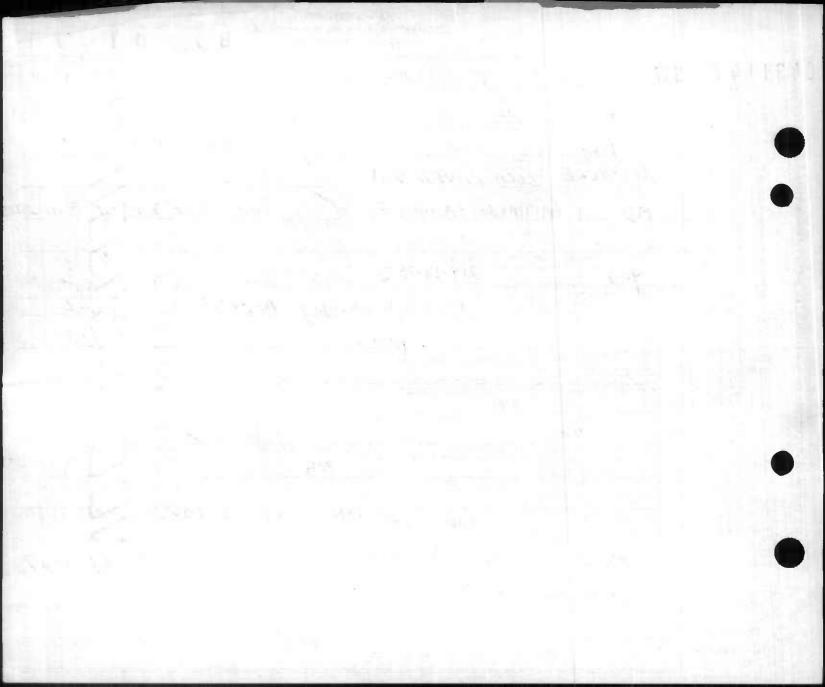
DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cahould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

retained by the haspital or attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN:

BP.

(VRA 15, 4)



FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	49	0	1	1737	J	É
5	REG. NO.	U	1	0	1	

				REG. NO			
I. DECEASED NAME FIRST  [TYPE OR PRINT)	MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2b HOUR
MARGAR	ET ESTHER	MA	TTHEWS	JANUARY	15,	1987	110
3 SEX	4 RACE	5 DATE C		6. AGE IN YEARS LAST BIRTH	IDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
FEMALE	WHITE	NOV		88	YRS.	MONTHS DATS	PIOURS MRI
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Th CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	1 BALTIMORE CITY O	COUNT	TY OF DEATH	
MARYLAND	U.S.A.	WIDOW		BALTIMO	ORE	CITY	M
10 CITY OR TOWN OF DEATH	1). NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS OF
BALTIMORE	500 W. UNIVER		PARKWAY	TEACHER	WORKING	EDUCA	TION
USUAL RESIDENCE (IF NURSING HOME C 13a STATE 113b COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		1134, INSIDE CITY LIMITS?	13e. STREET ADDRESS			3/5
MARYLAND	BALTIM		YESXIX NO		# 11	0-1	410
14 FATHER'S NAME			15 MOTHER'S MAIDEN NA				
JOHN SEW	ELL MATTHE	EWS	MARGARET	ESTHE	R	DOD	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? TIE SOCIAL SECU			1613 ADDRE			STREE
IYES, NO OR UNKNOWN) I'M YES, GR	VE WAR OR DATES	-492		D MATTHEWS			
VAC		al and a	TIM: KICIIII	D IMILLIADW	7,01		MATE INTERVAL
PART I. DEATH WAS CAUS	75 5 71 71 71 71	INOK	BINTRE	allellens a		BETWEEN IN	ONSET AND DEATH
IMMEDIA	ATE CAUSE (a)	2	000	1		744	ATT.
	DUE TO, OR AS A CONSEQUE	ENCE OF	mount			0/01	^^
Canditions, if any, which	(6)	12010	Cecia			7-00	V
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF				- 41	
	(c)						
	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION G	IVEN IN PART 1	01
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	1% CONDITION FOR WHICH	OPERATIO	N WAS DEDECTATED	200 AUTOPSY?	201 IF V	ES, WERE FINDI	NGS HEED
S IN DAIL OF OFERNION	The Condition Tox which	OFERATIO	TO THE OWNER		IN CERT	IFYING CAUSES	OF DEATH?
210. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO		YES [	но 🗆
00 000 000 000 000 000 000		AY YEAR	THE TIOW IN JOK! OCCOR!	LED (ENTER NATURE OF INJUR	I NA LIEW IS	, PART FOR PART 2)	
OR CONTRIBUTING CAUSE OF DE LE STATE OF DE LA STATE		19	211 LOCATION				
214 INJURY OCCURRED WHILE NOT WHILE	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOW	N	COUNTY	STATE
AT WORK AT WORK		77	121 61	17	+ (-)	9.7	
	oital) attended the deceased fram_	5600	, 19_0	to Jack	10		that (1) (we las
saw the deceased alive a above, (I) (we) (did) (did n	at) view the body after death.	, 00	nd that in (my) (a) apinion	death occurred on the da	te and he	our and fram the	couses stated
27h. SIGNATURE	1,7/		DEGREE	MEDICAL STAF		22c. DATE	SIGNED
Mu o	MIL		ATTENDING PHYSICIAN	DIRECTOR   PHYSIC		(/23	181
224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS				VI III
236 BURIAL, CREMATION, REMOVA	L 236. DATE 23c. h	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
BURIAL	01-10-87 GF	REEN	LAWN CEMETE	RY CAMBRII	OGE	DORCHE	STER M
	. 24 40 07 01						

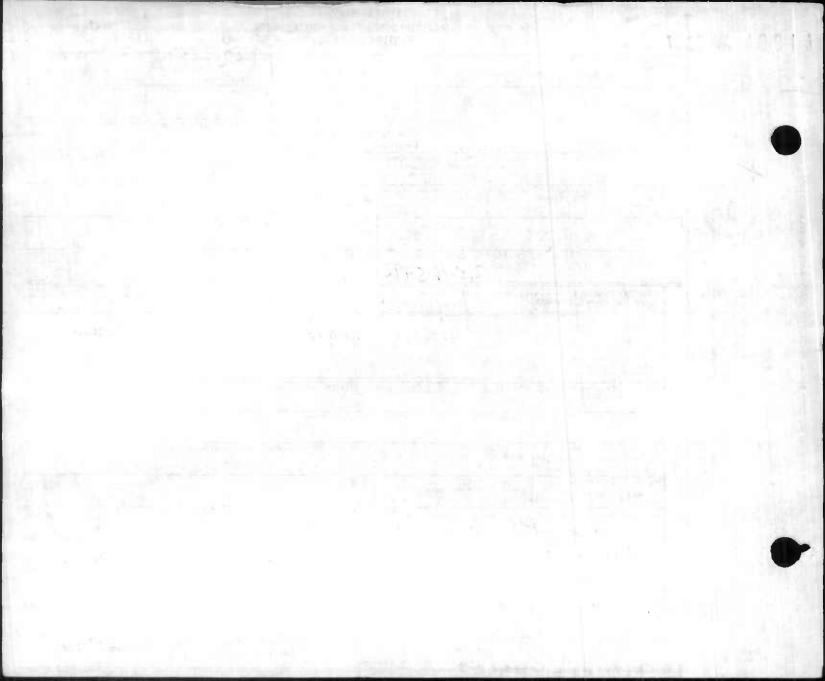
DHMH-16 25M (VRA 15, 4) 1/79

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phys should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov MNPORTANT: It them 21 is marked or Item 18 shows any injury, or other traumatic ew.

24 FUNERAL DIRECTOR 308 HIGH ST., CAMBRIDGE, MD.
CURRAN FUNERAL HOME 21613

25. DATE REC'D BY REGISTRAR 250, REGISTRAR'S SIGNATURE



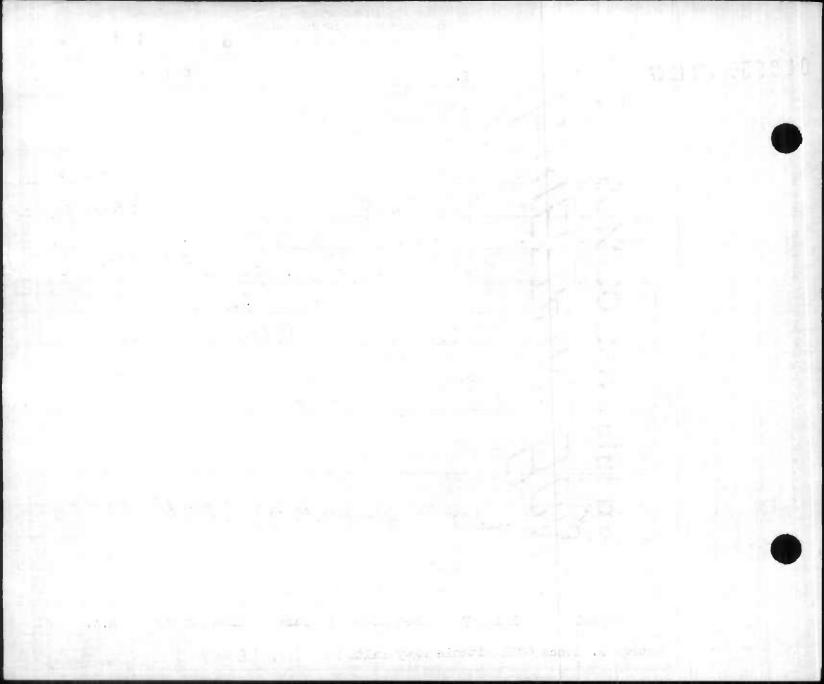
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	7.		0			3		1	
	REG. N	10.	-						
OF	OF ATLL		7	DAN	-	ME AD	2		_

	- STATE REGISTRAR	CERTIFICATE OF DEATH	8 / 6 NO. 0 1 3 / 3
T	. DECEASED NAME FIRST MIDI	DIE IAST	20 DATE OF DEATH MONTH / DAY / YEAR 26. HOUR
18	Thomas !	F. MATTHEWS	01/13/87 503
3	male Cauce	Scan S. DATE OF BIRTH  MONTH  DAY  VEAR  1 37 /32	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1	PLACE (STATE OR FOREIGN 76 CITIZEN OF WH	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
1	manyland I US	WIDOWED DIVORCED	1 Balto City MD.
1	Baltimure Suuch	SPITAL, NURSING HOME OR OTHER INSTITUTION CLITTY, GIVE SIBERT ADDRESSI BALTOMURE CENERAL HOP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Truck Driver  120. KIND OF BUSINESS OR INDUSTRY  Freight
2	ma AA	E RESIDENCE BEFORE ADMISSION)  1. CITY OR TOWN  13d INSIDE CITY LIMITS?  PRO BURNIE YES NO	7730 LOCUST DIRIOVERD, 21061
1	GEORGE F.	na trhews 15. MOTHER'S MAIDENN 14 Thews 17 FIRST	R. Gauss
2	60 WAS DECEASED EVER IN U.S./ARMED FORCES? 16	b social security No. 17. informant 2/3288492 Arthur L. I	Glen Burnie, Md 21061 Holtz 7728 Locust Grove Road
	Canditions, if any, which gave rise to immediate	S A CONSEQUENCE OF	CAKCINIMA of Lung
			RMINAL DISEASE OR CONDITION GIVEN IN PART INQ-RESP.
7	Scicke dehy draw 190 DATE OF OPERATION 190. CONDITION 190. CONDITION 210. ACCIDENT WAS UNDERLYING 21b. TIME OF 11	ON FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO STATE OF DEATH?  YES NO STATE OF DEATH?  YES NO STATE OF DEATH?
	AD CONTRIBUTION CONTRACT HOUR A.M.	MONTH DAY YEAR  19	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 7)
	OR CONTRIBOTION   CASE OF DEATH   P.M.	INJURY FACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN COUNTY STATE
	27s.1 certify that () (this haspital) strended the disaw the decears alive on		an death accorred an the date and haur and fram the causes stated
	27 SIGNATURE Manie	Marley MD ATTENDING PHYSICIAN	MEDICAL STAFF DATE SIGNED JUL 13, 1987
	22d PHYSICIAN'S NAME (TYPE OR PRINT)  NA MARIA	MARTINEZMO 3001 S.	Hanover STREET, BULTSMA
	236 BURIAL, CREMATION, REMOVAL 236 DATE 1/16/8'	731. NAME OF CEMETERY OR CREMATORY Glen Haven Mem Park	Glen Burnie COATA. Md
2	George J. Gonce 4001 Rit	chie Rgwy Balto Md	ATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR



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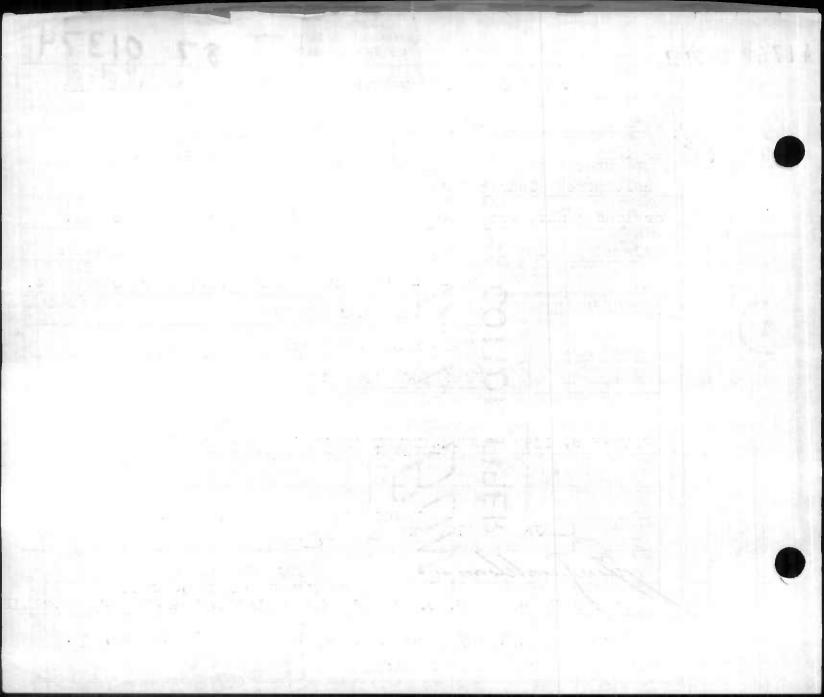
promotion No Kanders

	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL	HYGIENE	REG	7	013	374
	EASED NAME OR PRINT)	VIR	GINIA	B.	MATT	OS		UARY	16,	1987	8:33A <sub>M</sub>
	'emale		4 RACE Whi	te	S. DATE O	DAY YEAR		E TIN YEARS LAST	( BIRTHDAY)	MONTHS DAYS	
2	THPLACE (STATE OR FI DUNIRY) rginia		USA		MARRIE		Ba Ba	altimo	re C	-	MD.
	y or town of dea Baltimor	e	Church	HEACHLITY, GIVE S	ital	DR OTHER INSTITUTION		SUAL OCCUP OF WORK FOR MO		LIFE) 12b. KIND INDUSTRY	
in st	ryland	HIS COUNTY	TY IMORE	130 CITY OR Dund	TOWN	13d. INSIDE CITY LIMIT YES NOWE	116	REET ADDRES	ss/zipco ir Geo	orges (	21222 Ct.
) V	HER'S NAME FIRST Vilson		Lee .	Whit	e	15. MOTHER'S MAIDER DOLLY		WIDDL		Ste	vens
	AS DECEASED EVER S, NO OR UNKNOWN) NO		MED FORCES?		SECURITY NO. 07-4962	Betty Ja	icks o		press Foui	r Geor	21222 ges Ct.
CATION	90 DATE OF OPERAT	ION	196 COND	TION FOR WE	HICH OPERATIO	NOT RELATED TO THE		AUTOPSY?	20b. IF Y	GIVEN IN PART I	DINGS USED
100	JANUARY  210. ACCIDENT WAS UND OR CONTRIBUTING   (IF EITHER NOTIFY MEDIC	ERLYING _	216. TIME O HOUR A.	M. MONTH	DAY YEAR	REPAIR	CURRED (£	NTER NATURE OF I		YES 🗌	NO 🗌
WE	21d. INJURY OCCURR	ED	21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OF	FICE, FARM ETC.)	211 LOCATION STREET			RTOWN	COUNTY	STATE
	27a I certify that (1) saw the decease abave, (1) (we) (d	(this haspi a plive an id) (did no	ANUAR t) view the bady	Y 16,	am 87 . ar	nd that in (my) (aut) opi		JANUA			
	226 SIGNATURE	fine		m m	0.27	ATTENDIN PHYSICIA	AN DIRE	CTOR   PHY			TE SIGNED
	/		NBLOOM	м. г	).	220 ADDRESCHUI 100 NORTI					MD.212
23a BL {Si	Burial Buria		1/19/			emetery or cremato		LOCATION CITY OR TOWN	altir	nore, 1	Md. STATE
	ormelly	Fune	eral Ho		*ss Dunda	25a		). BY REGISTR	AR 25b. REGI	ISTRAR'S SIGNA	ATURE

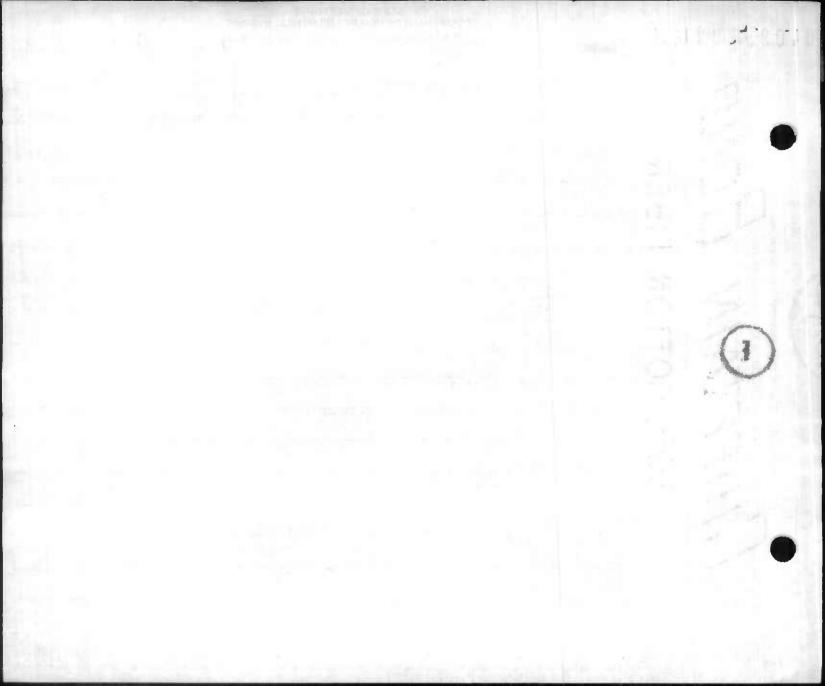
DHMH - 16 60M 7/8 (VRA 15, 4)

TO HOSPITAL OR

APORTANT, If Nem 21 is marked or Nem, 18 ares



1.	FOR			<b>DEPARTMENT O</b>	HEALT	H AND MENTAL	HYGIENE				
12-	STATE REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICATE	OF DEATH	7 REG. NO	3 1	3 7	3
1. DE	CEASED NA	ME FIRST		MIDDLE		LAST		TE KNOWN TY	MONTH DA	AY YEAR	Zb HOL
(14	PE OR PRINT)	Eve	elvn			Mauldin		ATH MATED	1/5	19 87	
3 SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF U	NDER 1 YR. IF UND	ER 24 HRS. 2c. D	ATE	MONTH D	AY YEAR	2d_HO
fe	male	white	10-7-19	09 TAT	YRS.	THS DAYS HOURS		OUNCED EAD	1/5	1987	A
70. B	IRTHPLACE	(STATE OR	16. CITIZEN OF W		T <sub>1</sub>		9 BA	LTIMORE CITY OR	, ,		
	oreign countr	rolina	USA			RIED NEVER MAI		ltimore (	City		
	-	N OF DEATH	11. NAME OF HO	SPITAL, NURSING HO	ME, OR OTI		120. USUAL O	CCUPATION (TYPE O	OF WORK 12b	KIND OF BU	SINESS
11	Pal	timore		Wellbridg		37.0	Seamst	WORKING LIFE)	-	OR INDUSTR	
USU		E (IF IN NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMI			Jeamst	1622		ethet	1
13a. S M	STATE	13b COUI	NTY	Balto. C	l	13d INSIDE CITY LIMITS		Wellbrid	00 D	2122/	,
	ATHER'S NA	45		Darto. C	ııy	YES X NO [		wellblid	ge Dr.	21232	+
	Edward		MIDDLE	Chamband		FIRST	IDEN NAME	MIDDLE	17	LAST	
		SED EVER IN U.S. AF	PMED ECDCES?	Shephard	ITY NO	Mary 17. INFORMANT		ADDRESS	rr	ances	
{	YES, NO, OR UNK		E WAR OR DATES)	579-24-3			- Carty		1 0	016	227
					900	Betty Jea	an Carty,	3 Winke.	1 Cour		
	18. CAUSE PART I	OF DEATH (Enter o DEATH WAS CAUSE	FD RY.	e for (a), (b), and (c).)						APPROXIMATE BETWEEN ONSET	I AND DEA
1-6	300	IMMEDIA	116 611006 (0)	Arterioscl		c Cardiova	ascular [	isease			
				R AS A CONSEQUENC	E OF						
		ions, if any, which rise to immediate					<u>-</u>				
		(o) stating the <u>under</u> ause last.	DUE TO, OF	R AS A CONSEQUENC	E OF						
13	lyinge	dose lost.	(c)								
3	PART 2 OTHER	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 io				
ON	Chr	onic Obst	ructive P	ulmonary D	iseas	е					
I.V		OF OPERATION		ITION FOR WHICH OP					20	D. AUTOPSY?	)
IF										YES 🗌	NO E
CERTIFICATION		NAL CAUSE WAS	21b. TIME O		21c. H	OW INJURY OCCUR	RED LENTER NATURE	OF INJURY IN ITEM 18 PAI	RT 1 OR PART 2)		
		NG OR TING CAUSE OF		A. MONTH DAY YE A. 19	AK						
MEDICAL	21d INTURY	COCCURRED	21e PLACE	OF INJURY (AT HOME,		OCATION					
E	WHILE	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET	CITY	OR TOWN	COUNTY		STATE
								<b>5</b> 7			
	27a. I ce	rtify that I took the	ge of the remains de	scribed above, held an		psy . Inspec			in my opinior	n	
	death resi	ulted from: Nati	ural cooses .	Accident,	Suicide	, Homicide	· Undetermine	d monner,			
	ACTUAL		VVII			TITLE (SPECIFY)			DATE		
	SIGNATUR	E/	1/		^	M.D. Assistar	TMEDICALE	XAMINER	DATE SIGNED	1/5/8	37
	EXAMINER	'S NAME	1/-		100						
-	(TYPE OR P	rint)Gre		auffman, M		ADDRESS	111 Penr				
230.E	SURIAL, CREA SPECIFY) rial	ATION, REMOVAL				OR CREMATORY	23d. LOCATIO	M	COUNTY	<b>-</b> \$1	A.
			1-7-87	Lakesid	e Cem			Dover			5T.
	UNERAL DIR		ADDRES	5				TRAR 256. REGIST			
J	ohn C.	Miller,	Inc., 641	5 Belair R	d. 21	206 J	AN 8 19	187 Julia	n Monda	on. Rando	ally



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

in by the futteral director, page 3 of filed within \$2 hours offer death

bonpopers. Poges

may be

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0.7	REGISTRAR		CERTIFICATE OF DEA	ATH	8 R/G, NO	. 0	1 3 1	6
	CEASED NAME FIRST	MIDDLE	LAST	400		MONTH DAY	YEAR 2b H	OUR
(TYPE	ROS-	2 5	Max	3441		1 14	0/0	AM
3. SEX	The state of the s	4 RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRT		UNDERTYEAR IF UN	IDER 24 HRS
W.	EMALE	W HITE	6 13	96	90	YRS		
70. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MA	-	9 BALTIMORE CITY OF	COUNTYO	FDEATH	
	ARYLAND	USA	WIDOWED XX DIVO		Battimo	re C	ity,	MD
Marrie Walleton	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITU		120 USUAL OCCUPATIO		126. KIND OF BUS	INESS OR
B.	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	address)		HOUSEWIE		AT HC	ME
USUA	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	1000				#21215
130. 5	TATE 13b. COUN	The state of the s	1	LIMITS?	13e STREET ADDRESS	art h	e: ohis	AUY
14 EA	ary and BXX	XXX   Baltin	15. MOTHER'S M	L.u.	7 -	are m	2. 90.12	73.0
14.16	FIRST	MIDDLE LAST	FIR	51	MIDDLE		LAST	
14	ALEXAND  VAS DECEASED EVER IN U.S. AR	DER SILBIGER RMED FORCES? 166 SOCIAL SECU	URITY NO. 17 INFORMANT			LINE		
		VE WAR OR DATEST	ORG. Nines		JORDON AMAS		· W	
N	)	210 - 30	- (3 70 182023	PUMPK:	IN SEED CT.	BAGIC	MDes 1	1208
	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for ioi, (b), or		4			BETWEEN ONSET	AND DEATH
		TE CAUSE (o)	diac Hor	est				
	200	DUE TO, OR AS A CONSEOU	ENCE OF	1-				
	Conditions, if ony, which	( 1b) cong	estive ca	raio	myoparh	Y		
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEOU	ENCE OF	AUSTE		1	145	
	underlying couse lost.	( a) Ane	mia 2°	ito	GI ble	d.		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	O THE TERM	INAL DISEASE OR CONE	ITION GIVEN	IN PART 110	1 1 7 1 0
O								
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORA	AED	20a AUTOPSY?		WERE FINDINGS L	
LIFIC		A STATE OF THE STA			YES NO	YES		D
E N	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	TORPART 2)	f I wan
	OR CONTRIBUTING CAUSE OF DE		AY YEAR					
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	21e. PLACE OF INJURY	211 LOCATION					
ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM ETC.) STREET		CITY OR TOV	VN.	COUNTY	STATE
		ital) attended the deceased from	12/20	10 86	1 1/14	10	86 that	I (wa) at
	sow the deceased alive or	1.1.11	86 and that in (my)	ur opinion o	death accurred on the do	te and hour a	and from the couse	s stoted
	obove, (I) (we) (did) (did no	ot) view the body after death.	DEGREE				22c DATE SIGN	
	Dit	TA Park	ALL O ATT	ENDING _	MEDICAL STAF		1/14	101
	frem	W. J. acci	27e ADDRESS	YSICIAN [	DIRECTOR PHYSIC	IAN [	11/17	00
	THE PHYSICIAN'S NAME (TYPE O	0 1	4 -		R.	elvede	- @ Gr	S. A. a. Von. ** _
	Teter H	· Park, M	10 512	noi i		Jueve	72 60 01	17
	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CRI	EMATORY	23d LOCATION	225	COUNTY	- NAH
1	BURIAL		BETH TFILOH		BALTIM	JRE	MARYL	AND
24 FI	UNERAL DIRECTOR SOL	LEVINSON & BROS	S. INC.	25a. DAT	E REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, after this certificate has been the should be detached for use as the burial-transit permit. The with the State Dept of Health and Mental Hygiene prior to

IMPORTANT: If Item 21 is marked or Item 18 show

etained by the haspital or attending physician.

TO HOSPITAL

BP.

24 FUNERAL DIRECTOR 6010REISTERSTOWN RD.

FOR

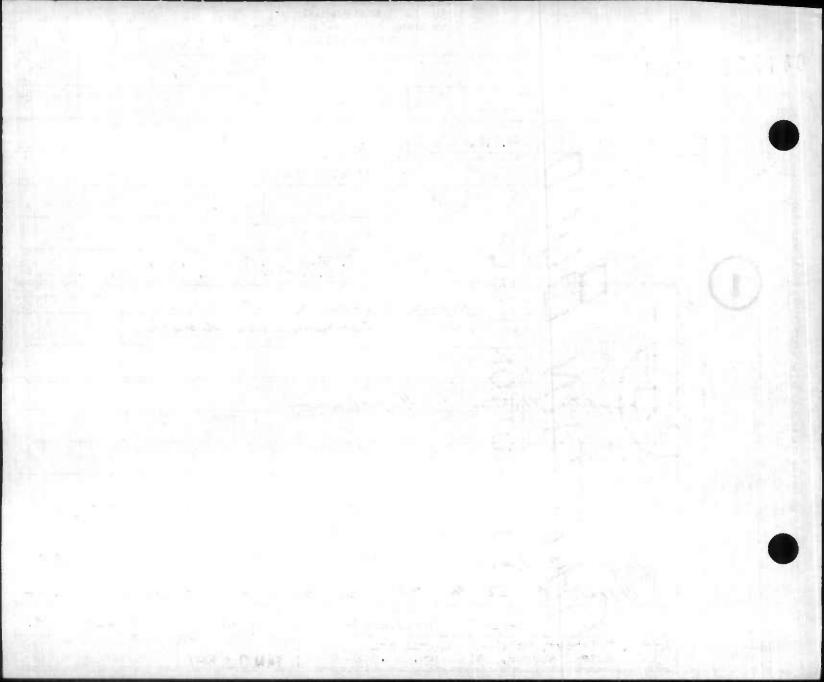
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		FOR STATE REGISTRAR	110021 2/1/		MENT OF H	EALTH AND N	NENTAL HYG	8 REG. N		1	3 7	7
1732 JAN 2	J. DE	DEPRINT) BER	THA L	OUISE	MA	FIELD		January 18		AY YE	20 110	:30A <sub>M</sub>
ge 4 may ectar, por rs offer d	3. SE.	Female	4 RACE Whit	е	S. DATE C		80	6. AGE (IN YEARS LAST BI	YRS.	IF UNDER 1	YEAR IF UNE	DER 24 HRS.
eoth. Pog in 72 hou		RTHPLACE (STATE OR FORE	Jb. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER M	ARRIED O	Baltimore City 9		OF DEAT	н	MD
by the full by the full with t		TY OR TOWN OF DEATH Saltimore	11. NAME OF (IF NOT IN SU Franci	HOSPITAL, NURSIN JICH FACILITY, GIVE STREET S SCOTT K	OF HOME CONTROL OF MODERNS	or other insti dical C	enter	170 USUAL OCCUPAT JIYPE OF WORK FOR MOST HOUSEWIFE	ON OF WORKING LIFE	12b. KII INDUS	ND OF BUSI	NESS OR
24 hour filled in a ould be filled in a ould b		AL RESIDENCE (IF NURSING TATE 13	HOME OR OTHER INSTITUTION	n give residence before 136. CITY OR TOW Baltimor	/N	13d INSIDE CI	TY LIMITS?	647 S. Cur	eley St	reet	212	24
mpletely ond 2 sh	14. FA	THER'S NAME FIRST George	MIDDLE	Duncan		15 MOTHER'S	MAIDEN NAM	Je <b>an</b> ne	tte	Pro	tt imter	5
medical of		VAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	218-09-9		Mr Pormai	ward F Curley	. Mayfield.	ESŚr. altimo	re, I	Md. 2	1224
ng thy bony open reens, the		18 CAUSE OF DEATH ( PART I. DEATH WAS	Enter only one couse pe CAUSED BY: (MEDIATE CAUSE (a)	er line for (a), (b), on			arre	et			PROXIMATE IN MEEN ONSET A	
te law requires that the deoi nn. has been signed by the atter permit. Then please remave a rere prior to buriol, cremation sws any injury, ar other traum	CERTIFICATION	Conditions, if ony, we gove rise to immec couse (o), stofing underlying couse PART 2 OTHER SIGNIF	diote the due to, o lost. (c) ICANT CONDITIONS (	OR AS A CONSEQUI	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COM	20b. IF YES, IN CERTIFY	WERE FI	RT 110 INDINGS US USES OF DE	ATH?
HYSICIAN: The nding physicic physicic his certificate bural-transit at Mental Hygnist or them. 18 she	MEDICAL CERT	210. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED	SE OF DEATH HOUR A	OF INJURY A.M. MONTH D. P.M. OF INJURY	19	211 LOCATIO		RED (ENTER NATURE OF IN)	URY IN ITEM 18, PA	-	RT 2)	STATE
ITAL OR ATTENDING PI by the hospital or atter the RRAL DIRECTOR: after the edetoched for use as the edetoched for use as the State Dept. of Health and NMT: If them 21 is marked	W	WHILE AT WORK  220.1 certify that 6 (th sow the deceased above, (f) (we) (did  770. SIGNATURE	is hospital) attended to olive an olive and view the bod	the deceosed from	/2/ £7,00	DEGREE	TTENDING PHYSICIAN	nto // 8 death occurred on the comment of the comme	date and hour	ond from	that (	(we) lost
TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT: H	23a. I	BAYAN/ BURIAL, CREMATION, RE SPECIFY BURIAL	B. EL	23c.1	10.	3d23 6	REMATORY	23d LOCATION BATTETIMON				224 Mdf.
BP DHMH-16 30M 2/80 (VRA 15, 4)		Mergi pirmatthe					25a. DAT	E REC'D. BY REGISTRAL				



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

AN	21	FOR STATE REGISTRAR	DEPAI		HEALTH AND MENTAL HYO	GIENE 8 REG. NO	0 1	0/8			
		CEASED NAME FIRST	MIDDLE	Mayfo	rt	January 14		26 HOUR 9:52 AM			
	3 SE	Female	4 RACE White	0.00.00	6, 1907 YEAR	6. AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS DAYS MOURS MIN.			
5		IRTHPLACE ISTATE OR FOREIGN COUNTRY! Maryland	76 CITIZEN OF WHAT COUNTR USA	MARRIE		9 BALTIMORE CITY OR City	COUNTY OF DEA	TH MD.			
5		Baltimore	(IF NOT IN SUCH FACILITY, GIVE STR Good Samar	itan H	or other institution ospital	USUAL OCCUPATION THE CITY OF WORK FOR MOST OF	ON 12b. KI WORKING LIFE) INDU	IND OF BUSINESS OR STRY			
5	130_5	AL RESIDENCE (IF NURSING HOME OF	NTY HISTORY OF THE BALT	own more	138. INSIDE CITY LIMITS?	3305 Lero	h Drive	21214			
)		ATHER'S NAME Marcus	Savin		15. MOTHER'S MAIDEN NA	MIDDLE	Heineck	Ce LAST			
	16a V	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES GIV	MED FORCES?  VE WAR OR DATES)  166 SOCIAL SE  215-22		Mrs. Edith	M. Jump 250	5 Strathm	ore Ave.			
. 4.5.	NOI	18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Output  DUE TO, OR AS A CONSEQUENCE OF  Underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)									
7	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES				
7	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEPLETE CAUSE OF DEP	P.M.  21e PLACE OF INJURY	OUR A.M. MONTH DAY YEAR P.M. 19  PLACE OF INJURY MOME STREET FACTORY, OFFICE, FARM, EIC 1  STREET			IN ITEM 38 PART I OR PA				
		sow the decreased often or observed up to the left (and he can be	The body offer death.	, .	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF	AN []	DATE SIGNED 1987			
	23a B	BURIAL, CREMATION, REMOVAL Burial			EMETERY OR CREMATORY and Memorial	23d LOCATION CITYOTTOWN Baltimore	COUNTY	aryland			
	24. FU	uneral director Leonard J. Ruck			25a. DAT	E REC'D. BY REGISTRAR 2	SE REGISTRAR'S SIC	4			

DHMH - 16 60M 7/B4 (VRA 15, 4)

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ON, REMOVAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20 DATE OF DEATH

23d LOCATION

YEAR

INDUSTRY

YES F

COUNTY

STATE

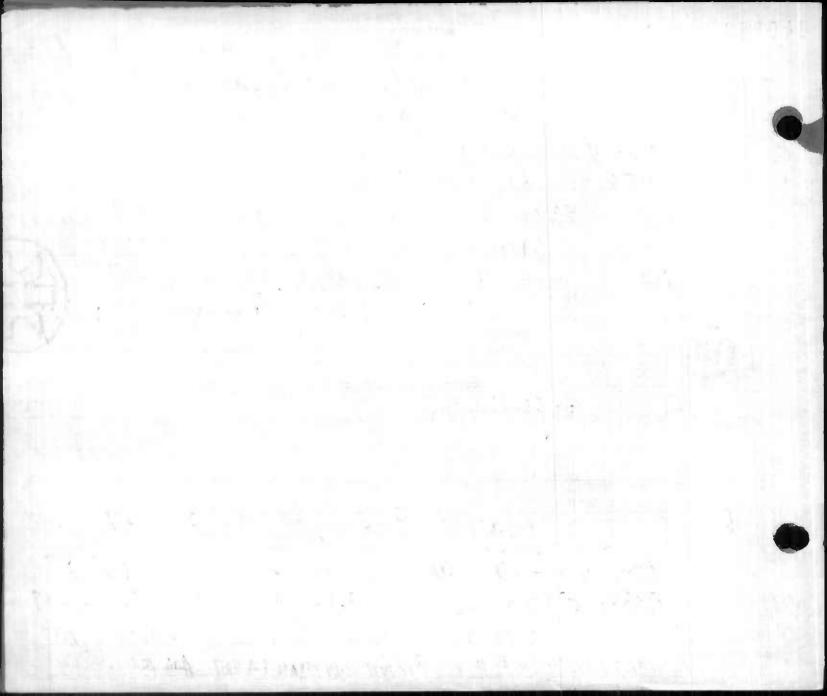
26 HOUR

IF UNDER 24 HRS

BP DHMH - 16 60M 7/84 (VRA 15, 4)

040886 JAN 16 89 RATE

REGISTRAR DECEASED NAME



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the hospital or attending physician.

BP.

24 hours after deoth. Page 4 may be

### STATE OF MARYLAND

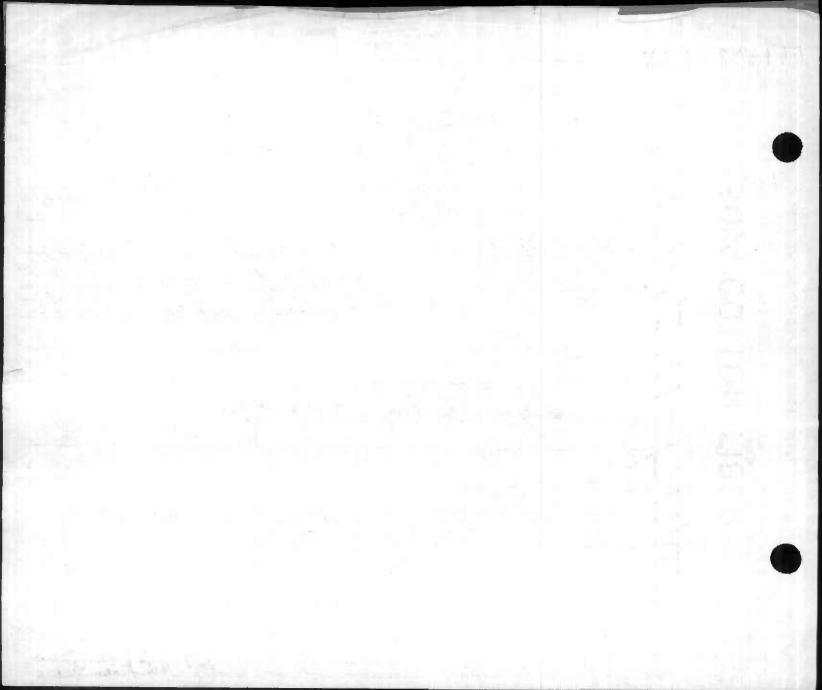
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	CER	TIFI	CATE	OF	DEATH	

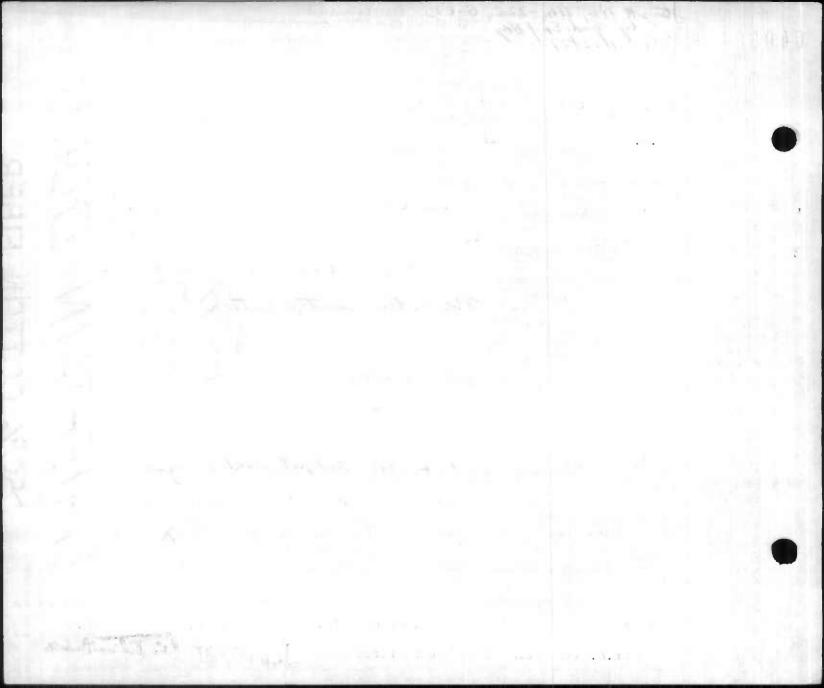
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REG. NO.	U	1 0	450	

- 1 - 3	STATE REGISTRAR	DEPARIM	CERTIFICATE OF DEATH	B REG. NO.	1 3 8 0
JAN TOECE	ASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DE	AY YEAR 26 HOUR
(TYPE OF	NOR	n A.	mc Cormick	01- 01-19	9-877 A
3 SEX		RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
	Fomalo	BLack	MONTH DAY YEAR 0.5 10 22	1.21	ONTHS GATS HOURS MIN.
Zn BIRT	HPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUNTY O	OF DEATH .
5	UNITRY)	11 < A.	MARRIED NEVER MARRIED	1. D T/	1. 1.
10. CITY	Orth arelina	1 NAME OF HOSPITAL NURSING	WIDOWED DIVORCED A	120 USUAL OCCUPATION	126 KIND OF BUSINESS OF
40	0-170	(IF NOT IN SUCH FACILITY, GIVE STREET A	DDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	
E TISHAL	RESIDENCE IF NURSING HOME OF C	Deaton Nother Institution, GIVE RESIDENCE BEFORE	ursingrom	9 Ketirea	
130. ST/			134. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE	2121
B /	11d	Ba / 7	YES AND I	1436N.Ede	n 5 ti
E 14. FAIR	HER'S NAME	IDDAY / LAST	IS MOTHER'S MAIDEN IN	MODIE	LAST
ex C	JOHN 1.	IC NEILL	Lydia	M/e Culle	ough
		MED FORCES? 166 SOCIAL SECUR	RITY NO. 17 INFORMANT	ADDRESS	- Edens
	NO -	218-18	-6659 JOHN	1/10 Comic X	
1		one couse per line for (a), () 1, and	sicil 1 11 . 11	10 1	APPROXIMATE INTERNAL BETWEEN ONSET AND DEATH
e v	PART I. DEATH WAS CAUSED IMMEDIATE		doute proposit	y condiac	xecounce
afic		DUE TO, OR AS A CONSEQUE	NCE OF		
E	Conditions, if any, which	( 1b)	1102 01		
2	gove rise to immediate couse (a), stating the				
	underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
8	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO F	SEATH BUT NOT DELATED TO THE TED	MINAL DISEASE OR CONDITION GIVE	N IN PART 115
NOI NOI		biol sulland	and adul	a color	IN INTERNATION
A I	9g. DATE OF OPERATION	- 1 (20)	OPERATION WAS PERFORMED	20b. IF YES,	WERE FINDINGS USED
8 shows any CERTIFICATI					ING CAUSES OF DEATH?
ě + E	Pla. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121r HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
	OR CONTRIBUTING CAUSE OF DEAT	LICUID A M. MONITH DA		TEMEN MANUAL OF MANUAL	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	211 LOCATION		
Men dor	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE FA		CITY OR TOWN	COUNTY STATE
	AT WORK		1/1/1/07	· · · · · · · · · · · · · · · · · · ·	0 -7
. E . 2		ol) ottended the deceased from	19 56	, to	that the (we) la
121	sow the deceased alive on above, (h.(we) (did) (did not	17	ond that in (my) (my) apinion	n death occurred on the date and hour	and from the causes stated
- E	226. SIGNATURE	011	DEGREE		22c. DATE SIGNED
<u> </u>	() of	Aladu,	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/19/87
TANT.	224 PHYSICIAN'S NAME (TYPE OR	PRINT)	27e ADDRESS		- delle
IMPORT D	J. R. 6-1	ladeu	De= to	n Muccine	· Anmo
≦ 22c 011	IRIAL: CREMATION REMOVAL		NAME OF CEMETERY OR CREMATORY	123d LOCATION	110000
230 BU	SEST Y)	12200	1 1/1/	GITY OR TOWN	EQUNTY/2 ETATE
- 2	VERAL DIRECTOR	1-20-01	edar Hillen	ATE REC'D. BY REGISTRAR 25b. REGISTR	Vel (OUD TIL
M 7/84	NAME .	ADDRESS	P-05 to 05	THE REC D. BT REGISTRANDE REGISTR	Academ Padase
4) (4)	LVIND, D.	RU6-6-5	1 162 160 31	AN 2 O HOST	

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(VRA 15, 4)





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DEPARTMENT OF HEALTH AND MENTAL RYGIENE

8	REG. N	10	0	1	J	8	d
0.	DE LEU						-

12 B Budge	- STATE REGISTRAR			CERT	IFICATE OF DEATH	8 REG. N	
	DECEASED NAM	I REN	MIDDLE	MS	CREADY	2a. DATE OF DEATH	MONTH DAY YEAR 2b. HOL
3.	SEX		1. RACE	MON	OF BIRTH	6. AGE (IN YEARS LAST BIR	
3 70	BIRTHPLACE (S	TATE OR FOREIGN	US A	MARR		BALT	C M
4	April 1	CITI	LIBENT IN SUCH FACILITY	Y, GIVE STREET ADDRESS)	CENTER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF	ION 12b. KIND OF BUSIN INDUSTRY
	TUAL RESIDENCE	13b. COUN	OTHER INSTITUTION GIVE RES TY 136.CI	IY OR TOWN	13d. INSIDE CITY LIMITS?	130.STREET AUDRESS	PIPCODE SOLE Presi
2	CHAR		MIDDLE (500)	dmAN	15. MOTHER'S MAIDEN N  PIRST  ARTTH	AME MIDDLE	WRIGHT
160 J	WAS DECEASE	D EVER IN U.S. ARA	MED FORCES? 16b. SC WAR OR DATES) 2/	2-12-341	MARY 600	dman 493	SALhamber Nd
ny injury, or all	gove rise cause (o), underlying		DUE TO, OR AS A  (c)  ONDITIONS CONTRIB		UT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
	0						
s smou						YES NO	IN CERTIFYING CAUSES OF DEA
them 18 shows ony injur	OR CONTRIBUTE	WAS UNDERLYING [ING ] CAUSE OF DEA	TH HOUR A.M. M	ONTH DAY YEA			YES NO
-/-	OR CONTRIBUT	ING CAUSE OF DEA	P.M.	ONTH DAY YEA	211 LOCATION STREET	RRED (ENTER NATURE OF INJU	YES NO [
-/-	OR CONTRIBUT (IF EITHER NO 21d IN JURY ( WHILE AT WORK  22a.1 certify saw the	ING CAUSE OF DEA INTEY MEDICAL EXAMINER OCCURRED  NOT WHILE AT WORK  That (I) (this hospit deceased alive and II (we) (did) (did no)	HOUR A.M. M P.M.  21e PLACE OF INJI (AT HOME, STREET FAC	ONTH DAY YEA  19  URY TORY, OFFICE, FARM, ETC.)  DISSED FOR TO THE TORY  19	211 LOCATION STREET	CITY OR IC	YES NO [
-/-	OR CONTRIBUTE  (IF EITHER NO 21d INJURY of white work 22d.1 certify sow the obove.1 22b. SIGNAT	ING CAUSE OF DEA INTEY MEDICAL EXAMINER OCCURRED  NOT WHILE AT WORK  That (I) (this hospit deceased alive and II (we) (did) (did no)	HOUR A.M. M P.M.  21e PLACE OF INJI (AT HOME. STREET FAC	ONTH DAY YEA  19  URY TORY, OFFICE, FARM, ETC.)  DISSED FOR TO THE TORY  19	211 LOCATION SIREET  and that in (my) (our) opinion DEGREE  ATTENDING	CITY OR IC	VES NO [ RY IN ITEM 18 PART   OR PART ?]  OWN COUNTY  Ate and have and from the causes st  22c DATE SIGNED

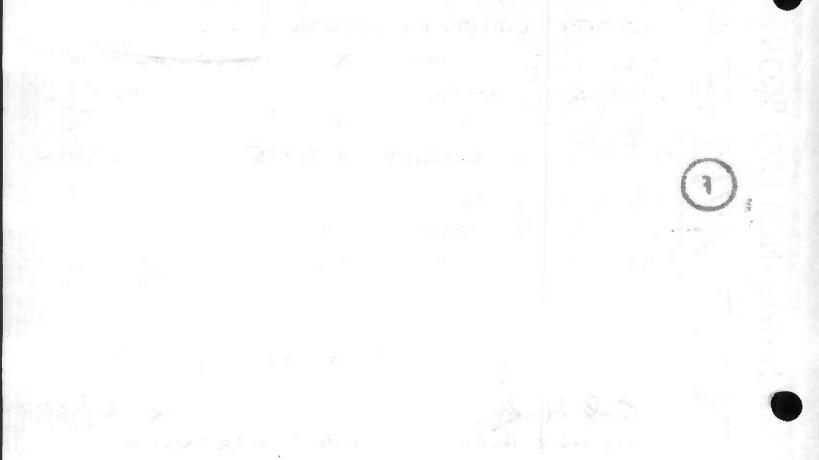
DHMH - 16 60M 7/84

retained by the haspital or attending physician.

(VRA 15, 4)

34 FUNERAL DIRECTOR
Bells Funeral Home

JAN 8 6 B 1987 RAP JULIES TEAR AND AND



STATE OF MARYLAND TATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 (9AY

8	7	0
-	REG. NO.	

9 BALTIMORE CITY OR COUNTY OF DEATH

TH	8	REG. N	o. <b>U</b>	1	3	0	v
	20 DATE OF		MONTH 7 0 0	DAY	YEAR	26 HOU	
	6 AGE (IN)				RIYEAR	IF UNDER	
1 935		51	YRS.	MONTHS	DAYS	HOURS	MIN

Esther leane McCutcheon 4. RACE 3. SEX 5. DATE OF BIRTH MONTH female black

In BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY! N. C. II S A

WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Baltimore City 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Unemployed

13e.STREET ADDRESS / ZIP CODE

12h KIND OF BUSINESS OR INDUSTRY

21201

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY

IR. CITY OR TOWN OF DEATH

Baltimore

14 FATHER'S NAME

CERTIFICATION

MEDICAL

REGISTRAR DECEASED NAME (TYPE OR PRINTS

page 3

13c CITY OR TOWN Baltimore

13d INSIDE CITY LIMITS? NO [ 15 MOTHER'S MAIDEN NAME

725 George MIDDLE

6 G McLean

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Ralph 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Jackson 16h SOCIAL SECURITY NO.

Maryland General Hospital

Florena 17. INFORMANT

Paula McCutcheon 5939 Radecke Ave

COUNTY

22c DATE SIGNED

Apt

(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-28-020 18 CAUSE OF DEATH (Enter only one cause per line for (a), 1b), and (c),

IMMEDIATE CAUSE (a)

PART I. DEATH WAS CAUSED BY

Sepsis

Conditions, if onv. which gave rise to immediate couse (a), stoting the underlying couse lost.

DUE TO OR AS A CONSEQUENCE OF

DUE TO OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

Diabetes Mellitu	s, History	of Alcol	nolism	and	IV	Drug	Abuse,	Anemia	
190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PER	ORMED		20a AL	TOPSY?	206 IF YES, WERE F	
						1		IN CERTIFYING CA	USES OF DEATH
						YES [	NOD	YES	NO [

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INILIRY

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE

220.1 certify that (X(this hospital) offended the deceosed from <u>January 5</u>, 19<u>87</u>, to <u>January 6</u>, 19<u>87</u>, that X (we) lost saw the deceased alive on <u>January 6</u>, 19<u>87</u>, and that in XX( (our) opinion death occurred an the date and hour and from the causes stated

sow the deceased alive on <u>January 6</u>, aboveXII) (we) (did) (400) Xiew the body after death. 22b. SIGNATURE DEGREE

ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN

22e ADDRESS

211 LOCATION

c/o Maruland General Hospital

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c. NAME OF CEMETERY OR CREMATORY

Daltimore

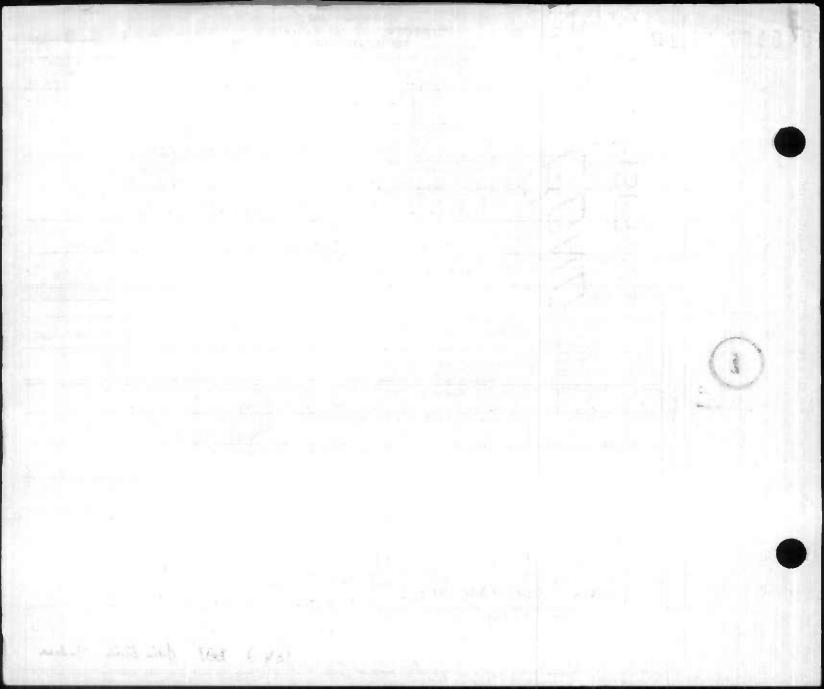
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

1101

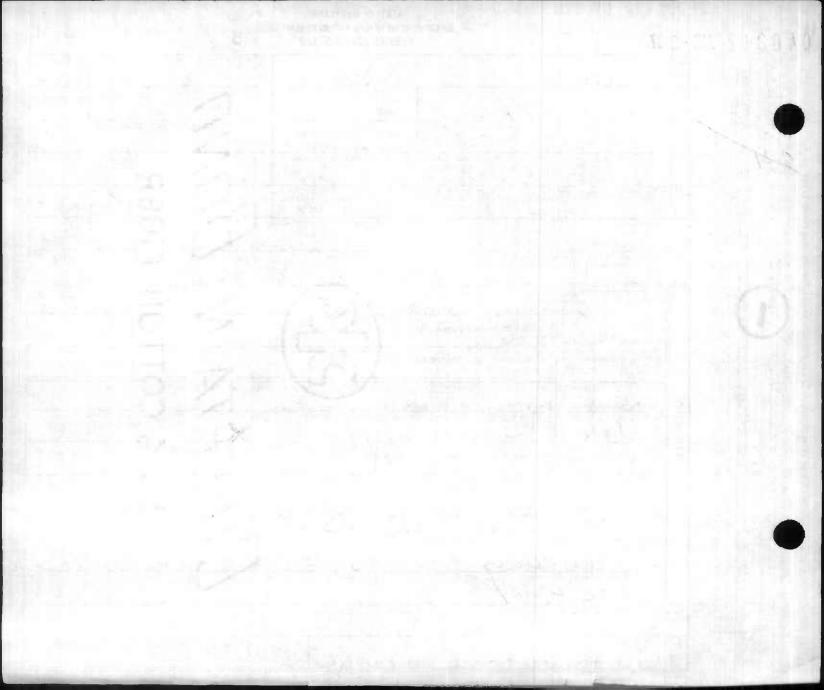
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE



# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0312 JAN	J.	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7 C	1384
poge 3		CEASED NAME FIRST OCTANIUS	MIDDLE	Mc	Sout AL	20 DATE OF DEATH MONTH	2 67 05:04M
ector. po		IALE	4. RACE BLACK	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)  Le 4  YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
110 50		N.C.	76 CITIZEN OF WHAT COUNTRY?	WIDOWE		Balto.	iTy MD.
in by the be filed will	C	A LIMORE OF DEATH	11. NAME OF HOSPITAL, NURSIN UF NOT IN SUCH FACHTY, GIVE STREET CH RAVEN OTHER DISSULUTION COME DESIDENCE BEFORE	ADDRESS)	A. HOSP.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) DIS ABCED	1726. KIND OF BUSINESS OR INDUSTRY
should should should should	/	STATE 138 COUNTY	OTHER INSTITUTION GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS? YES NO P	130 STREET ADDRESS / ZIP COO	Rd 21085
complete complete s 1 and 2			MIDDLE LAST  MED FORCES? 1166 SOCIAL SECU	RITY NO.	FIRST 17. INFORMANT	MIDDLE	1AST
Don ond the medic		488	240 12 1	150	Alverta ubi	hmson P.O.	GOX 231  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
or remove	(		ly one couse per line for (a), (b), one DBY.  E CAUSE (a)  DUE TO, OR AS A CONSEQUE	ac	arrest		one hour
that the de that d by the attender lease remove car- ial, cremation, or or other traumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b) DUE TO, OR AS A CONSEQUE				
os been signe permit. Then pher prior to burn. Ws any injury, o	CERTIFICATION	resolving re	enal failure, m	etabol	N WAS PERFORMED	200, AUTOPSY? 206. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
SICIAN: The ng physicion certificate his included hygie ental Hygie from 18 shave	MEDICAL CERT	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR		YES NO YES	PART I OR PART 2)
of the but the property of the	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
hospital or RECTOR: A hed for use ept. of Heal is m		27a.1 certify the 11 his hospit sow the deceased alive on above (1) we) (did) (did not 27b SIGNATURE	ol) ottended the deceased from 19		d that in (av)our) opinion of	, to 1/2 death accurred on the date and ha	the (1) (we) lost ond from the couses stated
TO HOSPITAL O TO FUNERAL D should be detoc with the Stote D IMPORTANT: H		MARK LIVER OF	ROLLY DURY		ATTENDING PHYSICIAN 2120. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/2/87 0518
PP		URIAL, CREMATION, REMOVAL	236 DATE   23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN.	COUNTY STATE MUS
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FI	Larch Fune	ral Houle L	101 E.	North Aug JAN	REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURED



that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow retoined by the hospital or ottending physicion.

BP.

DHMH - 16 60M 7/ (VRA 15, 4)

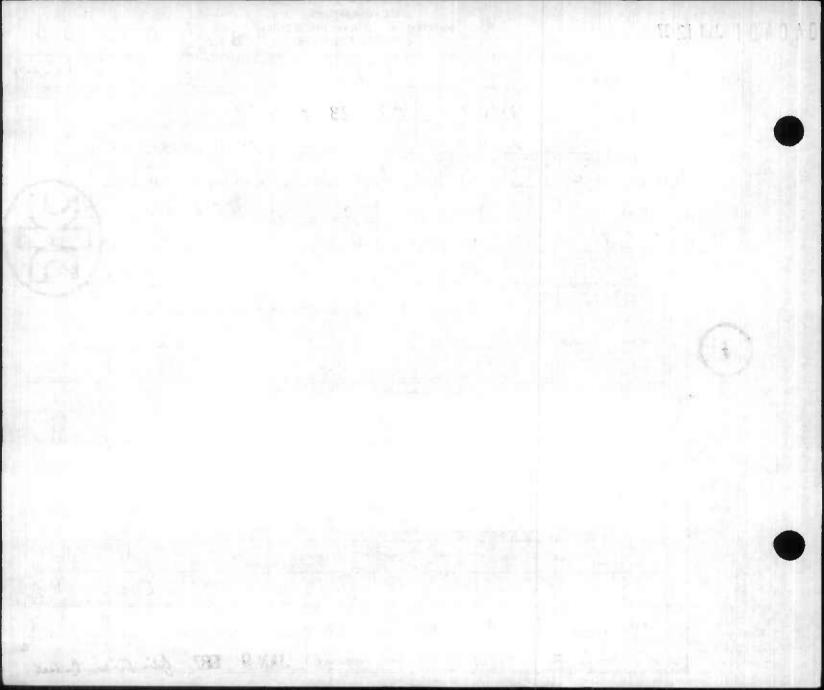
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ATE OF DEATH	MONTH	DAY	YEAR	2h HOLIR		

	REGISTRAR				44	ICATE OF DEATH			REG. NO.			
	CEASED NAME	FIRST		MIDDLE	M	CFail		20 DATE OF D		Olo	VEAR 87	26 HOUR 9:30 AM
3 SEX	Male	4	RACE B14	ack	S. DATE C	DAY YEA		SAGE LINYEAR	S LAST BIRTHDA	YRS.	DAYS	IF UNDER : 4 HRS
	RTHPLACE STATE OR F	OREIGN 7b	CITIZEN OF	WHAT COUNTRY	/? 8 MARRIE WIDOWE		DX	Baltimore Bal-	CITY OR CO	OUNTY OF DE	ATH	MI
10 B	altimor	e	Dea	ton ME	et Appressi	nter - Sou	th	UNE OF WORK FO			KIND D DUSTRY	F BUSINESS OF
RE 130 S	Ma	136 COUNT		13c CITY OR TO		YES ON NO		545	. /	P CODE	34	neet
P	THER'S NAME	MI	DDLE	He Fa	il	Grace	-		MIDDLE		Has	rris
	VAS DECEASED EVER ES, NO OR UNKNOWN)	IN U.S. ARME		228-21	6-2203	IT INFORMANT	Broo	NΛ	ADDRESS 15 N	Bean	11cè	Ave
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED I		line for (a), (b), a	XI'C	Encept	hal	opa	144	Con	APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH
		MANAGERIATE	CAUGE (0)									
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	Conditions, if ony, gave rise to imm cause (a), statin underlying cause	which nediate g the lost	DUE TO, O	R AS A CONSEON	UENCE OF	le Dec asentry a NOT RELATED TO TH		- 1	DR CONDITIO	Cerrifo ON GIVEN IN I	PART TIC	3.c.
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CAL CERTIFICATION	Conditions, if ony, gove rise to imm cause (a), statin underlying cause  PART 2 OTHER SIGN  19a. DATE OF OPERAL  21a. ACCIDENT WAS UNIT OR CONTRIBUTING	which redicate g the lost  JIFICANT CO  TON  BERLYING AUSE OF DEATH  ALL EXAMINER)  EED	DUE TO, O  (b)  DUE TO, O  (c)  196 COND  216. TIME O  HOUR A.  P.  21e. PLACE	R AS A CONSEOU CA TO DIVIRIBUTING TO ITION FOR WHICE OF INJURY M. MONTH I	UENCE OF LOOK DEATH BUT	NOT RELATED TO TH	IE TERMIN	200 AUTOP	5Y?   201 IN	LIFYES, WERE CERTIFYING ( YES ]	CAUSES	OF DEATH?
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MEDICAL CERTIFICATION	Conditions, if ony, gave rise to imm cause (a), statin underlying cause  PART 2 OTHER SIGN  19a. DATE OF OPERAT  2)a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC 21d INJURY OCCURE WHIE NOTIFY MEDIC AT WORK  22a. I certify that (I) saw the precises	which nediate g the lost UIFICANT CO	DUE TO, O  (b)  DUE TO, O  (c)  INDITIONS CO  19b COND  21b. TIME O HOUR A. P. 21e. PLACE (AT HOME STS	R AS A CONSEOU  CH THE PROPERTY OF INJURY M. MONTH [ M. OF INJURY REET FACTORY, OFFICE  THE PROPERTY OF INJURY  THE PROPERTY O	UENCE OF ODEATH BUT	NOT RELATED TO THE NOT RELATED TO THE NOT RELATED TO THE NOTICE TO THE N	DCCURRE	200 AUTOP	SY? 200 IN	b IF YES, WERE CERTIFYING YES   ITEM 18 PART I OR  19  10  11  12  12	CAUSES	OF DEATH? NO STATE
MEDICAL CERTIFICATION	Conditions, if ony, gave rise to imm cause (a), stating underlying cause  PART 2 OTHER SIGN  19a. DATE OF OPERAT  21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDIC WHILE NOTIFY MEDIC WHILE NOTIFY MEDIC WHILE NOTIFY MEDIC 22a. I certify that (1) saw the decease bove of (1) (we) (c)	which nediate g the lost UFFICANT CO	DUE TO, O  (b)  DUE TO, O  (c)  INDITIONS CO  196 COND  216. TIME O  HOUR A.  P.  21e. PLACE (AT HOME STS	R AS A CONSEOU  CH THE PROPERTY OF INJURY M. MONTH [ M. OF INJURY REET FACTORY, OFFICE  THE PROPERTY OF INJURY  THE PROPERTY O	UENCE OF ODEATH BUT	21c HOW INJURY C	DCCURRE	200 AUTOPY YES D N D (ENTERNATULE To DIRECTOR DI	SY? 200 IN  NO IN	b IF YES, WERE CERTIFYING YES   ITEM 18 PART I OR  CO  19  17  18  19  10  10  10  10  10  10  10  10  10	DUNIY	STATE  that I (we) loss causes stated  SIGNED
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vent, the medical examiner and the

TO FUNERAL DIRECTOR, After this certificate has been signs thould be detached for use as the burial transit period. Then p with the State Dept. of Health and Mental Hygiere prior to bur MPORTANT. If then 21 is marked or them 18 shows any injury,

etomed by the hospital or attending ph

TO HOSPITAL

(VRA 15, 4)

FOR STATE PEGISTRAP

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

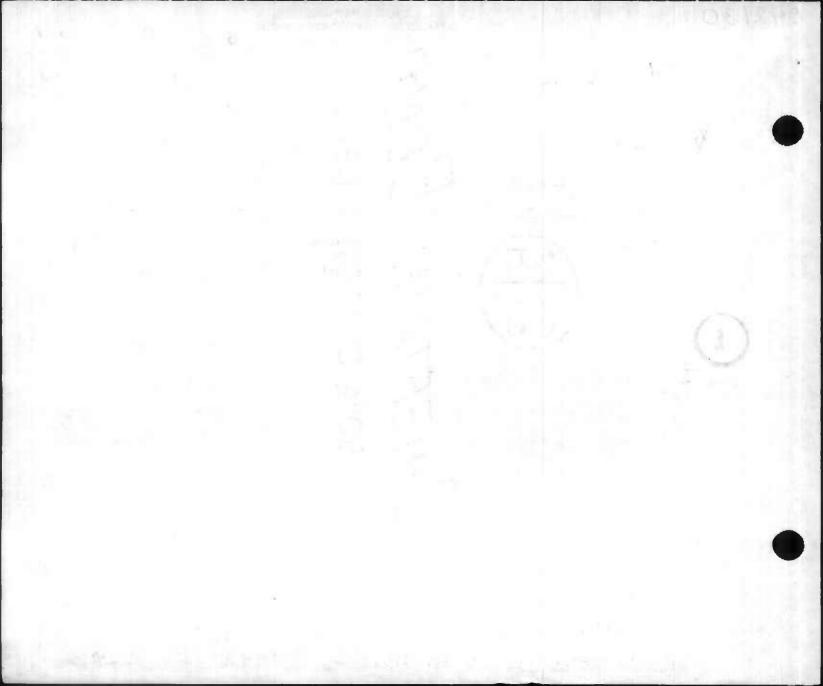
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201	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
	ECEASED NAME FIRST	ldred Eleanor Mc	Gill LAST	January 27, 1987
3 SE	female	white	5. DATE OF BIRTH 2710/04AY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24-HRS MONTHS DAYS HOURS MIN.
	Sartimore, Md	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	
11	Baltimore	Mercy Hospital, nursin	ng home or other institution P <sup>DDRESS)</sup>	120 USUAL OCCUPATION (120 E OF WORK FOR MOST OF WORKING LIFE)  120 USUAL OCCUPATION (120 E OF WORK FOR MOST OF WORKING LIFE)  120 USUAL OCCUPATION (120 E OF WORK FOR MOST OF WORKING LIFE)  120 USUAL OCCUPATION (120 E OF WORK FOR MOST OF WORKING LIFE)  121 E OF WORK FOR MOST OF WORKING LIFE)
13a		ROTHER INSTITUTION GIVE RESIDENCE BEFOR		57 13500 Virgini A Ave. 2/204
1	athers Name Benjämin Frank	Min Gruber LAST	Martharst	MIDDLE Bell LAST
	WAS DECEASED EVER IN U.S. AF (YES NO OR PINKNOWN) (IF YES, GY		981 Lynne E.	Skeiton 1100 Williams St 21230
CERTIFICATION	PART 2 OTHER SIGNIFICANT  19a, DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TO	TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  200 AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ERTIFI	21g. ACCIDENT WAS UNDERLYING	7 216, TIME OF INJURY	121. HOW INTURY OC	YES NO YES NO
MEDICAL C	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D. P.M.	AY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)
MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	FARM ETC) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
	22a. I certify that (I) (this hosp sow the deceased alive or	ital) ottended the deceosed from_		, to, that (I) (we) lost nion death occurred on the date and hour and from the couses stated
1	Opove, (I) (we) (did) (did no	Siller of the body of the death.	DEGREE	22¢ DATE SIGNED
1	22d PHYSICIAN'S NAME (TYPE OF THE OTHER	C. Granfie	27e ADDRESS (670/)	V. Oku to St. Bath 2120)
L	BURIAI, CREMATION, REMOVAL DUTTUA I	JAN. 30, 87 Wo	Name of CEMETERY OR CREMATO odlawn Cemetery	WOODLAWN KAITO.CO. M.C.
	UNERAL DIRECTOR	2007 Eastern		JAN 28 1007 Julia Juridan Pendara

Self-A.M. J. M. app. 1882 1882 1882 1884 Minesell Vous .n. a por Ereno

042130			STATE OF MARYLAND		
0 11100	1 - STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE Q 7 (1)	1 3 8 7
2	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
TOWN THE TANK	L DECEASED NAME THIS	MIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
22 12	LAURA		MCINTYRE	1 20	C 87 6:3-AM
1 61	1 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
8 ES	FEMALE	WHITE	12 28 1896	90 YRS.	
4 52 842	OUNTRY	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
1 to 1 to 20	MARYLAND	U.S.A.	WIDOWED DIVORCED	13-14-2en	MD.
1 11 42	BE CITY OF TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE		TYPE OF WARY BOD COST OF WAR	126. KIND OF BUSINESS OR INDUSTRY
201	13a(+	SBUL		Homemaker	
1 2 2 2	USUAL RESIDENCE IN HURLING HOME OF	JNTY , 13c. CITY OR TO	VN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
A TOTAL		ltimore Lansdow		2225 Hammonds Fe	erry ind 21227
1 15 A 2	14 FATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NA	WE	1 ^ 51
1 1 1 1 2	John	Morn	is Kdate	2	Galvin
D'RE	160 WAS DECEASED EVER IN U.S. A	INE WAR OR DATES	URITY NO. 17. INFORMANT	ADDRESS	21227
TIMC	NO	213-01	-7658 Robert G. Qu	uinlan 2225 Hammon	
BAL operation	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one cause per line for (a), (b), a	nd (c.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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E 2 NI	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
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5, 20		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART I I O
ORC	P Atrial a	why there, I	sely dratia.		
SEC	S IN DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		WERE FINDINGS USED 'ING CAUSES OF DEATH?
A TO TO TO	Atraca  The DATE OF OPERATION  The DATE OF OPERATION			YES NOW YES	
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O D D D D D D D D D D D D D D D D D D D	I IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M.	19		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 big prystician. The face requires that the death certificate be executed within 24 fears offered and physician and completely filled in but the busin framit permit. Then plants are not completely filled in but and framit permit. Then plants are not companies. Pages 1 and 2 should be fill the od Membel tygereng print to bejustic, armitian or themostic.	(IF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE,	FARM ETC.) 211 LOCATION STREET	CITY OR LOWN	COUNTY STATE
DIVIDENCE OF STREET		pital) attrinded the deceased fram,	1/09 ( 10 9 7	- 1/24	SZ
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	saw the deceased alive a	1/24	52	death occurred an the date and hour	9 8 , that (I) (we) last
A PATE OF STREET	obove, (I) (we) (did) (did n	not) view the body after death.	DEGREE		22c DATE SIGNED
0 4 0 0 0 m	1 1 1	and and	ATTENDING	MEDICAL STAFF	1/30/67
4 4 4 5 5 7 T	224 PHYSICIAN'S NAME (TYPE	OP PRINT)	PHYSICIAN [	DIRECTOR PHYSICIAN	1/127/87
HOSPH med b FUNE old be A M S	COH			1/	1
04 0413/	22a BURIAL CREMATION DESCRIPTION	I Took DATE Too	Jane Of CENTERS OF CREW YORK	Manour D	F
00	23a. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	Burial 24 FUNERAL DIRECTOR	1/27/87 G	len Haven Mem. Pk.	Glen Burnie A TE REC'D. BY REGISTRAR 256. REGISTR	A.A. Maryland
DHMH - 16 60M 7/84	NAME	ADDRESS	21227	100,000	0 -0 -
(VRA 15, 4)	Huppard Funeral	Home, Inc. 4107	Wilkens Ave.	40198/ 1000	ordern Readlance



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REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

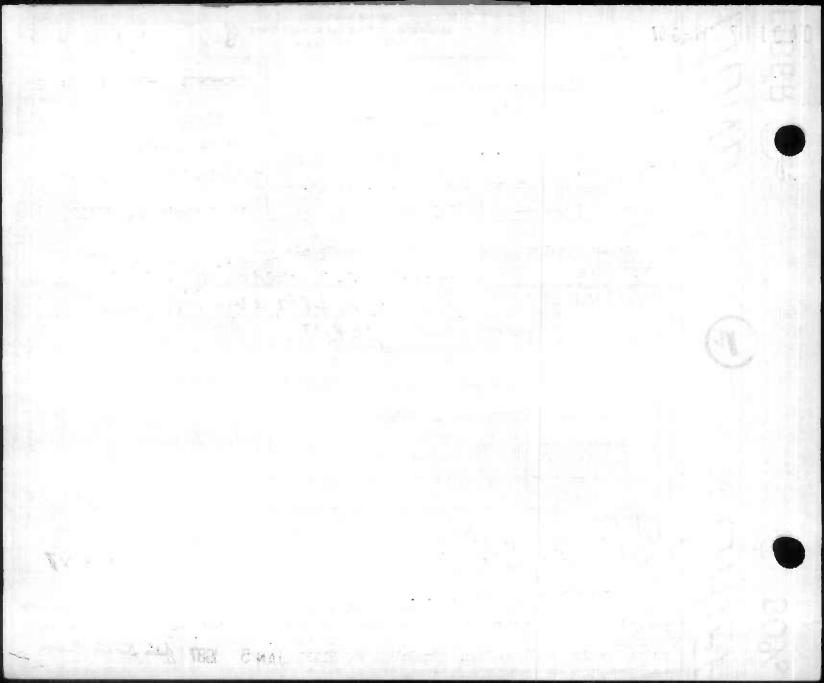
8 REG. NO.

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	3.			

T'		OR PRINT)	MIDI	OLE		ASI	20. DATE OF DEATH	AONTH (	DAY YEAR	26 HOUR
L	1000		Margaret	McKee			<b>298282828</b>	1-3	-1987	2:30p м
3	SEX		4 RACE		DATEC	F BIRTH	6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
1	E	Female	White		- MONTH	DAY YEAR		1	MONTHS DAYS	HOURS MIN
L		3	WIII		11	-2-1888	98	YRS.		
17			Th CITIZEN OF WH			T	9. BALTIMORE CITY OF	COUNTY	OF DEATH	
1		Maryland	U.S.		MARRIE!		BALTO. C	117	Y	MD.
- FI	0 CI	TY OR TOWN OF DEATH				R OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS OR
4	Ν	Baltimore,	(IF NOT IN SUCH FA	ACILITY, GIVE STREET ADD	ORESS)		INTUNOLOGIS	WORKING LIFE	E) INDUSTRY	earch
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1	JSUA	TATE 136 COUN	OTHER INSTITUTION GIV	E RESIDENCE BEFORE AD		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIR CODE		
1		ryland		Baltimore		VES IX NO D	6813 Blenhe			10
1.	_			Darchiore				TIU KC	1. 212	12
ľ	4. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WIDDLE		LAS	
I							MIDDEL		140	
t		James Stanle		b. SOCIAL SECURIT	VALO	12 INFORMANT TO	ADDRE	22	<del>Da</del>	ker
ľ			WAR OR DATES			Ja Ja	mes H. McKe	e. Jr	C .	
1	Ga.	ES. NOR UNKNOWN) (IF YES, GIVI	1	37.12.569	58	R.D. 7, Bethl	chem Penna	15	2015	
丰	-			7.		R.D. 1, Dean	Cramy ACIDIC			DATE OF THE PARTY
ı		18 CAUSE OF DEATH (Enter on		e lyli /g., yp., oyd ii	0.1	10 1/2=	1.71 1	1	BETWEEN	MATE INTERVAL
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ı		IMMEDIAT	E CAUSE (o)	Care -	1/4			, ,		
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ı			(c)							
ı	6.1	PART 2 OTHER SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIV	EN IN PART TI	0
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1	2							IN CERTIF	YING CAUSES	OF DEATH?
t	Ē	De la constantina de					YES NO	YE	S 🗌	NO 🗌
1	E E	71a ACCIDENT WAS UNDERLYING	21b. TIME OF II	NJURY		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	PART I OR PART 21	
	-	OR CONTRIBUTING CAUSE OF DEA		MONTH DAY	YEAR		ED TENTER MATORE OF HOOK	n - mem - m		
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER			19					
ı	ă	21d. INJURY OCCURRED	71e PLACE OF	INTURY		211 LOCATION				
1	NE NE			FACTORY, OFFICE FARA	A, ETC )	STREET	CITY OR TOV	/N	COUNTY	STATE
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1							, to			that (I) (we) lost
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1		THE POPULATION I	1011	77		DEGREE		-	122 DATE	SYCMED.
ı		UVIII. NID .	21 1. A ON	1 .					in organ	100
ı	2	the many	1111/100	X		ATTENDING PHYSICIAN	MEDICAL STAF		1/3	141
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1		1/				THE ADDRESS			-	1
н		Walker Impe	gliatell	ia, M.D.					100	
+	10 5				115.65	SUSTERV OR ST	Immunocomon			
		URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
1	Cr	emation	1/5/198	7 Gree	en Mo	ount Cemetery	Baltimor	e		aryland
1	14 51	JNERAL DIRECTOR	1							
			37	ADMINISTER IN	7.1		REC'D. BY REGISTRAR	JB KEC SI	PARSEIGNAT	Pandace
1	Wd	lter Brooks Bra	arey, in	c., Dunda	LLK,	Md. 21222 JA	N 5 1987	June	200	
я.						011		_		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



DHMH - 16 60M 7/84 (VRA 15, 4)

# STATE OF MARYLAND

8	REG. NO.	0	-

FEB +3	FOR STATE REGISTRAR	UE		ALTH AND MENTAL HYG CATE OF DEATH	8 7 REG. NO.	0 1 3 8 9
	ECEASED NAME FIRST	MIDDLE	LAS		20. DATE OF DEATH MON	NTH DAY YEAR 76 HOUR
and plant	Charles			na, Sr.	1-30-87	11 A.M
15	Male	4 RACE White	5. DATE OF MONTH	9-1908 YEAR	6 AGE (IN YEARS LAST BIRTHDA	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUL	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Balto. City	
20	Balto.	11. NAME OF HOSPITAL, N (IE NOT IN SUCH FACILITY, GIM 5232 Daries	IURSING HOME OR ESTREET ADDRESS)	OTHER INSTITUTION	170 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WO  Ret. Dispatch	
13a	UAL RESIDENCE (IF NURSING HOME O STATE 13b COU		R TOWN II	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIN	P CODE stans Rd. 21212
14.1	FATHER'S NAME Bernard	McKenna LA	ST	Mary FIRST	WE	Dorsey
B 160		IVE WAR OR DATES)		17 INFORMANT	ADDRESS	
2/	No			Mary J. Schm	idt, 5232 Dar	ien Rd. 21206  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
"Juan	18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a)	rongry	artery	disease	3 48 Car
trail (	Conditions, if any, which gave rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CON	therosc	lerosis		
right, or all chain	gave rise to immediate couse (0), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION	H HETO SC SEQUENCE OF	OT RELATED TO THE TERM		
own any min's, or of cream	gave rise to immediate couse 101, stating the underlying couse lost.	DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  196 CONDITION FOR V	SEQUENCE OF	NOT RELATED TO THE TERM	200 AUTOPSY?   201 YES   NO   NO	IN IF YES, WERE FINDINGS USED H CERTIFY ING CAUSES OF DEATH? YES NO
CERTIFIC	gave rise to immediate couse (0), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  196 CONDITION FOR V  1716 TIME OF INJURY HOUR A.M. MONT	SEQUENCE OF  G TO DEATH BUT N  WHICH OPERATION	NOT RELATED TO THE TERM	20a AUTOPSY? 201	IN IF YES, WERE FINDINGS USED H CERTIFY ING CAUSES OF DEATH? YES NO
AREDICAL CERTIFICATION	gave rise to immediate couse (0), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  196 CONDITION FOR V  1716 TIME OF INJURY HOUR A.M. MONT	SEQUENCE OF  G TO DEATH BUT N  WHICH OPERATION  H DAY YEAR  19	NOT RELATED TO THE TERM	200 AUTOPSY?   201 YES   NO   NO	IN IF YES, WERE FINDINGS USED H CERTIFY ING CAUSES OF DEATH? YES NO
18 shows of	gave rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  ACT WHITE ALL WORK  22a.1 certify that (1) (the hosp saw the deceased alive or sow the deceased alive or statements)	DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  19b CONDITION FOR V  19b TIME OF INJURY HOUR A.M. MONT P.M.  21b TIME OF INJURY (AT HOME STREET, FACTORY (	SEQUENCE OF  G TO DEATH BUT N  WHICH OPERATION  H DAY YEAR  19  DEFICE, FARM, ETC.)	WAS PERFORMED  71c. HOW INJURY OCCUR  711. LOCATION STREET	200 AUTOPSY? 200 IN YES NO IN RED (ENTER NATURE OF INJURY IN CITY OF TOWN	IB IF YES, WERE FINDINGS USED OF CERTIFY ING CAUSES OF DEATH? YES NO ITEM 18. PART   OR PART 2)  COUNTY STATE
If them 21 is marked or them 18 shows a	gave rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  ACT WHITE ALL WORK  22a.1 certify that (1) (the hosp saw the deceased alive or sow the deceased alive or statements)	DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  19b CONDITION FOR V  19b CONDITION FOR V	SEQUENCE OF  G TO DEATH BUT N  WHICH OPERATION  H DAY YEAR  19  DEFICE, FARM, ETC.)  from DE  M.	WAS PERFORMED  71c. HOW INJURY OCCUR  711. LOCATION STREET  19.59  I that in (my) (and opinion EGREE  ATTENDING PHYSICIAN	200 AUTOPSY? 200 IN YES NO IN RED (ENTER NATURE OF INJURY IN CITY OF TOWN	LIEM 18 PART   OF PART 2)  COUNTY STATE  ON THE COUNTY STATE  27c, DATE SIGNED
If them 21 is marked or them 18 shows on the Medical CERTIFIC	gave rise to immediate couse (0), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  27d I certify that (1) (this hosp sow the deceased alive or obove, (1) (was taided (did in 27th SIGNIFICAN)).	DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  19b CONDITION FOR V  19b CONDITION FOR V	SEQUENCE OF  G TO DEATH BUT N  WHICH OPERATION  H DAY YEAR  19  DEFICE, FARM, ETC.)  from DE  M.	WAS PERFORMED  21c. HOW INJURY OCCUR  211. LOCATION STREET  19.59  I that in (my) (and opinion EGREE  ATTENDING PHYSICIAN  27c. ADDRESS	200 AUTOPSY? 200 IN YES NO	LIEM 18 PART   OF PART 2)  COUNTY STATE  ON THE COUNTY STATE  27c, DATE SIGNED
MPORTANT, if them 21 is marked or them 18 shows a	gave rise to immediate couse (0), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  27d I certify that (1) (this hosp sow the deceased alive or obove, (1) (was taided (did in 27th SIGNIFICAN)).	DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  19b CONDITION FOR V  19b CONDITION FOR V	SEQUENCE OF  G TO DEATH BUT N  WHICH OPERATION  H DAY YEAR  19  DEFICE, FARM ETC.)  Trom  DE  M.	WAS PERFORMED  71c. HOW INJURY OCCUR  711. LOCATION STREET  19.59  I that in (my) (and opinion EGREE  ATTENDING PHYSICIAN	200 AUTOPSY? 200 IN YES NO	LIEM 18 PART   OF PART 2)  COUNTY STATE  ON THE COUNTY STATE  27c, DATE SIGNED

terification to the contract of the contract o Figure 20 -- Property re-manufacture year and the control of the c The state of the second THE PROPERTY OF THE PROPERTY O The first transfer of the second of the seco .u.i.e. sure masses Thirties are a  10-7 STATE REGISTRAR

	2	IAI	U	m	AKTI	AND			
DEPARTMI	ENT C	DF H	EAL	TH	AND	MENT	AL	HYGIEN	E
	CER	TIF	ICA	TE	OF	DEATI	H		

OIL	INE	ਰ	REG.	NO.	0		3	1	ad .
T	2a. DA	ATE OF	DEATH	MOI	NTH	DAY	YEAR	26 HOL	JR
				1	26	19	987	14:	24
1/	AGI	F /INI Y	ARS LAST	BIRTHDA	LYI.	IF LINE	SER L VEAR	WALLED E	TA MARI

1	1. DECEASED NAME FIRS	12	MIDDLE	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1	(TYPE OR PRINT)  JEFF	ERY L.	V.	McKEW	SR.		1 26	1987	14:24 M
1	3. SEX	4 RACE		DATE OF BIR	RTH	6. AGE (IN YEARS LAST BE	THDAY	IF UNDER 1 YEAR	WEINDER 24 HRS
	Male	White		10 1	5 1923	6		MONIHS DAYS	HOURS MINL
1	To. BIRTHPLACE (STATE OR FOREIG		WHAT COUNTRY?			9. BALTIMORE CITY		Y OF DEATH	
2	Maryland	U.S.		MARRIED 🖼	DIVORCED	Baltimor	e City	Ţ	MD.
X	10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING	HOME OR OT	HER INSTITUTION	120. USUAL OCCUPAT	ION	126. KIND O	F BUSINESS OR
4	Baltimore		gnes Hospi	_		Manager			lephone
1	USUAL RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADA		INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 710 COD		21228
7		altimore	Catonsvil		s No 🔀	1002 Magr		_	
2	14. FATHER'S NAME	WIDDIE	LAST	15. /	MOTHER'S MAIDEN NAM				
	Michael	Joseph	McKew		Florence	MIDDLE		Sny	
1	160. WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECURIT	Y NO. 17.	NFORMANT	ADDR	ESS		
	YES	WW II	217-16-73	14 Ma	ry L. McKew	Same as	13e.		
I	18 CAUSE OF DEATH (En		line for (a), (b), and (c	11 /	2/1 28	Mennach	ist	APPROXI BETWEEN	MATE INTERVAL
1	PART 1. DEATH WAS C	AUSED BY: EDIATE CAUSE (a)	Ventrul	u 173.	Pullaviis 29	5 Broke	nea	MIN	inter
1		DUE TO, O	R AS A CONSEQUENC	E of m.	athen	1		911	10-
1	Conditions, if ony, whi			Cris	my auroro.	sulysis		17	
1	gove rise to immedia cause (o), stating t	he DUE TO O	R AS A CONSEQUENC	FOF/L S	of a Man Que	Marton		19.	70
1	underlying cause la	st. (c)		/sur	77170.11	100000		1//	18
1	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIV	VEN IN PART 10	a'
4	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYII					1			
2	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OP	ERATION W.	AS PERFORMED	200 AUTOPSY?		S, WERE FINDIN FYING CAUSES	
4	THE STATE OF THE S			- In	110111111111111111111111111111111111111	YES NOX		ES 🗌	но 🗆
	OR COMMUNICATION CALLER	LIOUR A	M. MONTH DAY	YEAR	. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	(IF EITHER, NOTHY MEDICAL EX		M	19					
	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FARM		LOCATION	CITY OR TO	NWC	COUNTY	STATE
	AT WORK AT WORK			117	9 79	1-1	6	69	
	22a L certify that (1) (this saw the deceased oil	/ 7 .	e deceased from	and the	at in (my) (aux) apinion d	, to	oto and have		that (I) (luce) last
1	obove, (I) (we) (did) (did) (did)	did not) view the body		DEGI		edin occurred an me a	ore and not	22c DATE	
1	2/1/2	1 -	0 400	DEGI	ATTENDING	MEDICAL _ STA			
$\exists$	22d PHYSICIAN'S NAME	(TYPE OR PRINT)	1- mo	1220	PHYSICIAN ADDRESS	DIRECTOR   PHYSI	CIAN	1/27	/86
			Τ			A D-1:		M 1	
4		Y. Swisher			3455 Wilkens		unore,	, DM.	
	230 BURIAL, CREMATION, REM				TERY OR CREMATORY	23d LOCATION CITY OF TOWN Baltim	ore	COUNTY	Md.
	Burial	1/29/	o/ New	CAthe	dral Cemeter	y Daitim	ore		IIU •

DHMH - 16 60M 7/84 (VRA 15, 4)

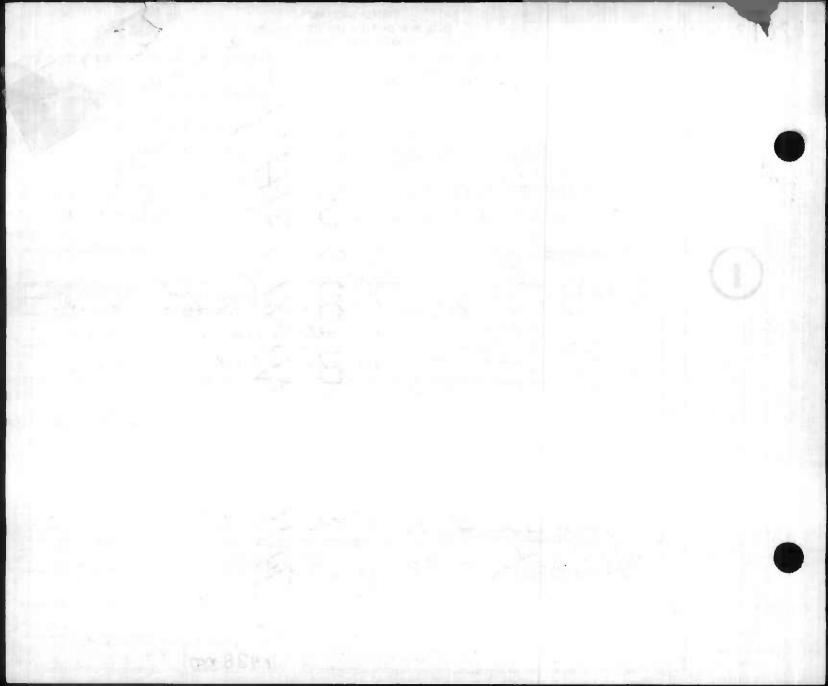
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IMPORTANT: If them 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remove contribute to both, of Health and Mental Hygiene prior to burial, cremation,

14 FUNERAL DIRECTOR 1630 Edmondson Ave. Catomsyille, Md. 21228 Leroy M. & Russell C. Witzke Funeral Home

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



BP.

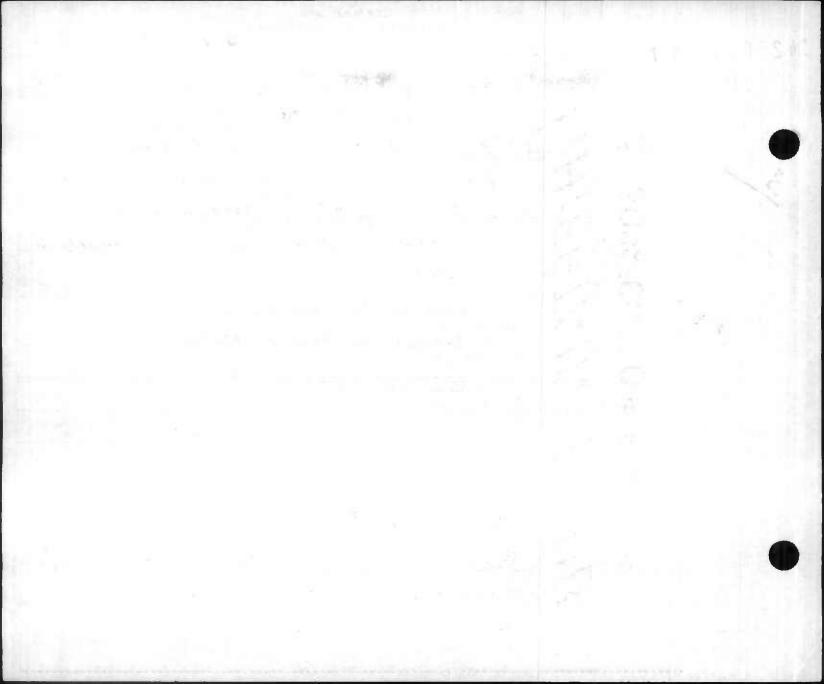
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	FOR STATE	DEPA	RTMENT OF		GIENE Q 7	0 1	3 9 1
-	REGISTRAR  CEASED NAME FIRST	WIDDLE		FICATE OF DEATH	REG. NO	0.1	a las none
(TYPE	E OR PRINT)	\	MA	14	Ze DATE OF DEATH		7 26. HOUR
3 SEX		Lee	5 DAIE	OF BIRTH	AGE (IN YEARS LAST BIR	THDAY IF UNDER 1 Y	EAR IF UNDER 24 H
	Fem.	R	MONT	H DAY YEAR	5-9	YRS MONTHS DA	AYS HOURS M
7a. BI	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY O		1
	Ga.	20		ED DIVORCED	B-	1 himme	-174
10. CI	BLL LOW	11. NAME OF HOSPITAL, NUI		or other institution	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		ID OF BUSINESS
13a. S	STATE 136, COU	PROTHER INSTITUTION GIVE RESIDENCE BY		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP'CODE	L 2120
14. FA	ATHER'S NAME FIRST	MIDDLE R LAST	rer	15 MOTHER'S MAIDEN NA FIRST Mary	WIDDIE	La	nkford.
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIALS IVE WAR OR DATES) 25/22		17 INFORMANT Pet: ex	+ florence	Brown	1241 W. A
Z	gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE		NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PAR	T Ita·
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR			
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFF		211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
	saw the deceased alive a abave, (I) (we) (did) (did n	oitol) ottended the deceased from1 2	er -1	nd that in (my) (our) apinion	death occurred on the do	ote and haur and from	
	226 SIGNATURE  224 PHYSICIAN'S NAME (TYPE	C De		ATTENDING PHYSICIAN [	MEDICAL STAI DIRECTOR PHYSIC	F	LG/8
	DH.	WINCHU L		300 (	S. Han	rover 5	1.
	BURIAL, CREMATION, REMOVA		Course	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
24 FL	W. G. March F.H	. 4300 Wabashport		Zion JSm DA	IAN 29 198	GISTRAR SIGN	The second secon

25e DATE RECT



BALTIMORE, MD. 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

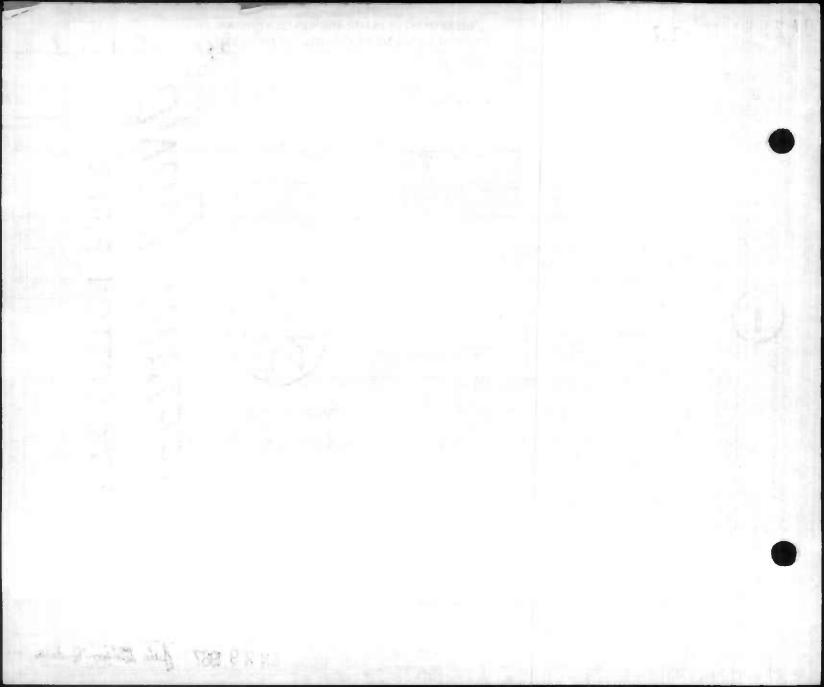
07/84

25M

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		WEL	DICAL EXAMI	NER'S CI	ERTIFICATE	OF DEATH	REG. NO		3 9 2
	CEASED NAME	FIRST	-	WIDDLE	l.	AST	Za DA	TE KNOWN XX	MONTH DAY	YEAR 26 H
	,	Stewar	ct Gl	enn	Mc	Koy		ATH MATED	1-23	19 87
3 SE		lack	5. DATE OF BIRTH	1960 26 BRITH	PEARS IF UND DAY) MONTHS YRS.		MIN PRON	OUNCED DEAD	1-23	19 87 10 p
7a. B	RTHPLACE (STATE REIGN COUNTRY) N.	C.	US A	IAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MAR	RIED A	itimore city or altimore		DEATH
В	altimore		(IF NOT IN SUCH FACE	PITAL, NURSING HOA CILITY, GIVE STREET ADDRESS ai Hospita	1	RINSTITUTION	Machine	ccupation (Type of Operato	or Bin	IND OF BUSINES DETNICUSTRY FUM! NOUS
	TATE Md	13b. COUNT		RESIDENCE BEFORE ADMIS BAIT IMORE		3d. INSIDE CITY LIMITS? YES TO NO [	1383 REET AD	ooress enninghau	s Road	21212
	arles		MIDDLE Lenwood	McKoy		IS MOTHER'S MAIN FIRST Eunice	DENNAME	WIDDLE		ме Коу
16a. V	VAS DECEASED EV ES, NO, OR UNKNOWN) NO	VER IN U.S. ARM		215-80-36		7. INFORMANT Eunice Mo	Kov 831	ADDRESS  Benning	haus R	oad
z	gove rise cause (a) sto lying cause li		(c)	AS A CONSEQUENCE		DR CONDITION GIVEN IN !	PART 1 (q).			
IFICATIO	19a DATE OF OP	ERATION	196 CONDIT	ION FOR WHICH OPE	RATION WA	S PERFORMED?		14	20	AUTOPSY? YES X NO
MEDICAL CERTIFICATION	21d INJURY OCC WHILE NAT WORK A	OR CAUSE OF DI CHRED HOT WHILE T WORK hat I took charge	X PLACE C STREET, FACTY REST.	MONTH DAY YE,  1-23 198  DE INJURY (ATHOME,  ORY, FARM, ETC.)  aurant  cribed obove, held on	7 sub	.5 York Ro	stabbed  oad, Balt  ion Inqu	priown timore,Ma	aryland	s1 1-24-87
73a.B	EXAMINER'S NA. (TYPE OR PRINT)	N REMOVAL 23	iam M. Za	ne, M.D.	A	DDRESS 111 I		, Balto.,	, Md.	21201
(:	UNERAL DIRECTOR  "C": March	1 1	_/30/87	Baltimo:	re Cem	etery	Balti E REC'D. BY REGIS	more	COUNTY	°Ma



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7	1	n	9	n	2	1111	- STATE	

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	1	3	9	•
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18	- STATE REGISTRAR	DEI ANTI	CERTIF	ICATE OF DEATH	8 7 REG.	NO.	0 1 3 9 3
	ECEASED NAME FIRST PE OR PRINT) Richard	WIDDIE	Ic, Na	ir	20. DATE OF DEATH	TAN	81987 1105
3. SE		4 RACE	5 DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MRS
	Male	Black	MONTH	4/1299	87	YRS	MONTHS DAYS HOURS MIN.
7o. 8	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	XX	9 BALTIMORE CITY		
7	N. Carolina	U.S.A.	MARRIE	_	Balt. M	ld. C	itiz "
10_0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME C		12a USUAL OCCUP	ATION	126 KIND OF BUSINESS OF
_	Baltimore	3733 Oakmont	Ave		retired	STOF WORKING	(INE) INDUSTRY
13a.	UAL RESIDENCE (IF NURSING HOME OR . STATE 136 COUNTY)	TOTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13t. CITY OR TOW Baltin	'N	134 INSIDE CITY LIMITS?	3733 Oa	s / zip co	t Ave 2/2/5
	FATHER'S NAME Richard	Mc.Nair		15 MOTHER'S MAIDEN NA Flora	ME MIDDLE		LAST
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 215-03-		17 INFORMANT Sina Hospi		ress	
NO	gove rise to immediate cause (a), stating the underlying cause lost	CONDITIONS CONTRIBUTING TO		NOT REPATED TO THE TERM	O NOW	Cro	GIVEN COART
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IT	NJURY IN ITEM I	8 PART I OR PART 7)
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE, F	ARM, ETC )	21F LOCATION	CITY OF	TOWN	COUNTY STATE
		attended the doceoled from	9	DEGREE	,	19304	our and from the causes stated
	27d TYSICIAN'S NAME (FO	BRONOWFZ		ATTENDING PHYSICIAN 220 ADDRES 35	W. Del	llea	eere ang
236	BURIAL EREMATION, REMOVAL	23b PATE 23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	1	COUNTY

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signified by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

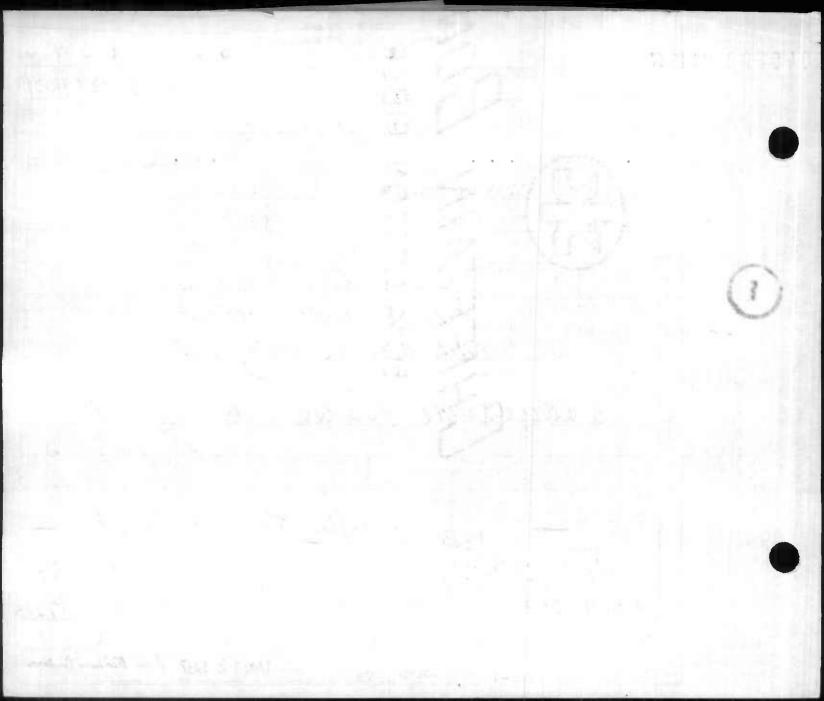
etoined by the hospital or attending physician.

24 FUNERAL DIRECTOR (VRA 15, 4)

Irvin Carroll 1712-11

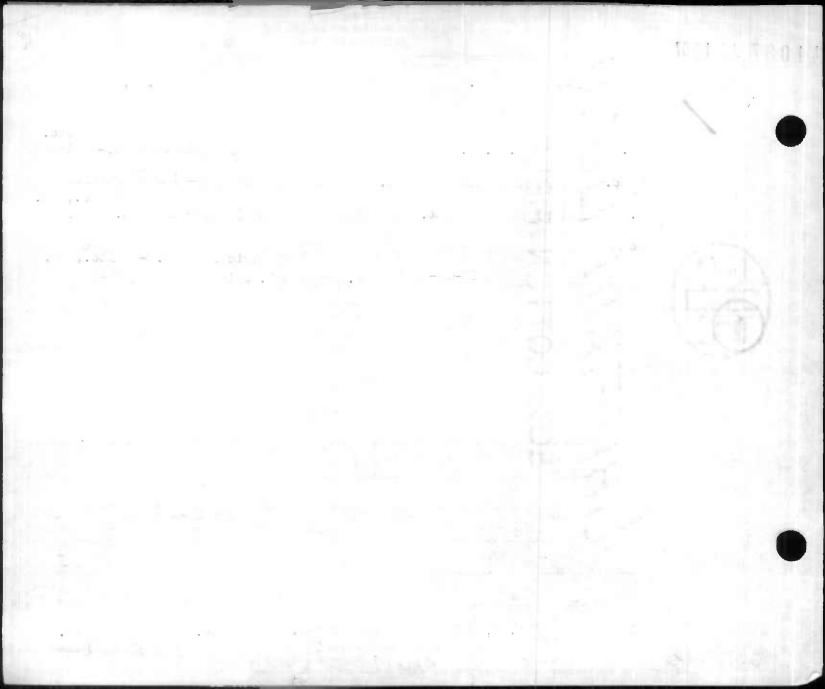
North Ave

250. DATE REC'D. BY REGISTRARIZSD. REGISTRARIS SIGNATURE JAN 1 3 1987 Julia Dender Rando



# STATE OF MARYLAND

7 1AN 1Q	17	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE 8 Z	0	1 3	9 .
JAN 13		CEASED NAME FIRST		MIDDIE	- 1	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
poge 3	TITTE	E OR PRINT)	ra	C	McNa	mara		Jan. 8	3.1987	
o d	3. SE		4 RACE	0.	S. DATE C		6 AGE (IN YEARS LAST BI			UNDER 24 HRS
s of	ľ	77 7 -			MONTH				NINS DATE H	OURS MIN
2500	70° B	Female IRTHPLACE (STATE OR FOREIGN	Whit	WHAT COUNTRY?	8	20 20	9 BALTIMORE CITY O	YRS	EDEATH	
56		COUNTRY)	74 CHIZZH OF	WIAI COUNTRY		D NEVER MARRIED	- DALTIMORE CITY	IK COOKI I O	Ba	alto.
i i	10.0	Md.	II S	HOSPITAL NUIDSIN	WIDOWE			ckland		City M
illied with	10. 0	ITY OR TOWN OF DEATH		CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND OF B	JUSINESS O
file		Balto.		Stricklan			Secretary	Wieland	Furnit	ture
d be	13a	AL RESIDENCE (IF NURSING HOASTATE 136 C	AE OR OTHER INSTITUTION	130 CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE	Balto	. Md.
E .		Md		Balto.		YES NO	3223 Stric			21229
out. I	14. F	ATHER'S NAME	WIDDLE			15 MOTHER'S MAIDEN NA	ME			
1340		John	WIDDLE	Mallanan		FIRST	MIDDLE		Tand on	20
	160	WAS DECEASED EVER IN U.S	ARMED FORCES?	McNamar		Mary 17 INFORMANT 3223	Strickland	ESST	Balto.	
00 pg	1	YES, NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	217-12-8	857			500	#21229	
1	-					Mrs.Margaret	M. Tobin		# CICC	
1		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per USED BY:	line for to l, fb', one	dicit	Colon Co			BETWEEN ONS	ET AND DEATH
3 1	100		DIATE CAUSE (0)	11164084	2112	Lenon W			1×n	2000
hen please in the blance in the burill, cre- qury, or other	NO	couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICAL	(c)_	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1 o	
s but	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	INCERTIFYIN	VERE FINDINGS	DEATH?
1 1 1 1 1 1 1 1	ER	21a. ACCIDENT WAS UNDERLYING	216. TIME C	E IN II IRY		21c HOW INJURY OCCURR	YES NO	YES [		NO 🗌
m 18		OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.	M. MONTH DA	YEAR		LENIER NATURE OF INJU	AT INTIGNIES PART	OREARIZ)	
te en	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM		M.	19	211 100 171021				
the bu	MEC			OF INJURY REET FACTORY, OFFICE F	ARM, ETC )	211 LOCATION	CITY OR TO	WN	COUNTY	STATE
os Ith ork		AT WORK AT WORK				7: 83	-0-	0.7		
Hed		220 I certify that (I) (this b	100	7-8019	-	, 19		19.	, tho	it ill wello
d fo		sow the deceased alive above, (1) (what (die	d not) view the body	ofter death.		nd that in (my) (aux) opinion o	death accurred on the d	ate and have ar	nd from the cou	ises stated
Dept Dept H Hen		22b. SIGNATURE	for to			DEGREE	-MEDICAL STA	c c	THE DATE SHO	PED
detoclaries Director		111/1	oun:	/	1		MEDICAL STA		17/	4
TAP I		224. PHYSICIAN'S NAME IT	YPE OR PRINT)			22e ADDRESS	. 1	/	W-	
should be deto		14UL 601	emity			900 CATON	AUS 6	Acto.	Mp =	1/12
5 3 ≧		BURIAL, CREMATION, REMOV	VAL 236. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
		Burial	Jan.12	1987 Ne	w Cat	hedral Cem.	Balto.	C	VIANO	Md.
4 AOAA 7/R4	24.5	UNERAL DIRECTOR					REC'D. BY REGISTRAR	25 REGISTRAL	D'ONS ICALAZIADE	
6 60M 7/84 ( 15, 4)	G	. Truman Sc	HWAB	ADDRESS,	2122			Guia De	ALGERTA CA	Marina
					-1-	1 011				



ly filled in by the funeral director, page 3 should be the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 /	0	1 3	3 9	5
		CEASED NAME FIRST	WIDDIE		AST	2a DATE OF DEATH	MONTH 1 DAY	29 EAR -87	16 HOUR	Ā
1	3. SE:	Arnold	4. RACE	Is DATE C	hner	6 AGE (INY ARSLAST OF		OER 1 YEAR	IF UNDER 24 HRS	M
1		Male	White	MONTH		Unknown	YRS		HOURS MIN	_
i	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8	O LIEUTA LI DAUGA DIN	9 BALTIMORE CITY C		DEATH		_
0		Maryland	U.S.A.	WIDOWE	D NEVER MARRIED XX	Balti	imore Cit	ty	N	ND.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES		OR OTHER INSTITUTION	120 USUAL OCCUPAT		26 KIND OF	BUSINESS O	R
4		Baltimore	Lincoln Conva		Center	Never Wor	ked		Worke	d
200	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY )	NTY 13c CITY OR 1 Baltim	TOWN	13d INSIDE CITY LIMITS? YES X NO	13eSTREET ADDRESS			1223 t, BA1	to
1	14. FA	THER'S NAME FIRST Edward	MIDDLE LAST Herman Me	hner	15. MOTHER'S MAIDEN NAM	WIDDIE		Rene		
		VAS DECEASED EVER IN U.S. AR		SECURITY NO.	17. INFORMANT	ADDR	ESS 3855 No			
	()	NO (IF YES GIVENOWN)	218-62	2-2076	Geraldine		Jarrettsv			
	NOI	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	DBY: TE CAUSE (b) COND  DUE TO, OR AS A CONSE  (b) DUE TO, OR AS A CONSE  (c) OR AS A CONSE	OUENCE OF		emipares phenia nal disease or con	is, old		ATE INTERVAL	_
4	CERTIFICATION	N. DATE OF OPERATION	1% CONDITION FOR WH	HICH OPERATION	N WAS PERFORMED	YES NO X	70h IF YES, WE IN CERTIFYING YES	E FINDING CAUSES O	S USED F DEATH?	
1	200	SIE VCCESAL MYZ PADICY EXPANSES  SECULOS HANDLES PADICY EXPANSES  SECULOS PADICY	THE RESERVE OF THE PROPERTY OF	DAY YEAR	71s. HOW INJURY OCCURR	ED (Livres victors of mous	BY PATENTINE IN PART 1 C	28 FART 25		
	MEDICAL	214 INJURY OCCURRED	21s. PLACE OF INJURY (A) HOME STREET, PACTORS OR	PCC FAIRE STC.1	THE LOCATION	CINON 10	00	O. —	21/678	
		27s I certify that (II (this hospit saw the deceated alive on above, (II (we) (did) (this no) 27h SIGNATURE	1/2-11-	086 00	d that in (my) (our) opinion d DEGREE	no DITAL STAN			TO STATE OF THE ST	
		22d PHYSICIAN'S NAME (TYPE OF	KALER, Y	nlp.	22e ADDRESS Pop	DIRECTOR   PHYSIC		-Ba	£212	16
	23a. B	URIAL, CREMATION, REMOVAL SPECIES Burial	23b. DATE 2/2/87	23c NAME OF C	e Park	Woodlawn	cou	Ma	ry land	
	4 ft 16	royami. & Russel 30 Edmondson Av	1 C. Witzke Fu enue, Catons vil	neral H	omes P.A. 250 DATE 21228 FE	REC'D. BY REGISTRAR	256 FEGISTRATE	SIGNALD	Andres	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please reminent he State Dept of Health and Mental Hygene prior to buriol, crema IMPORTANT: If them 21 is marked or Irem 18 shows any injury, as other tr

certificate be

OR ATTENDING PHYSICIAN: The

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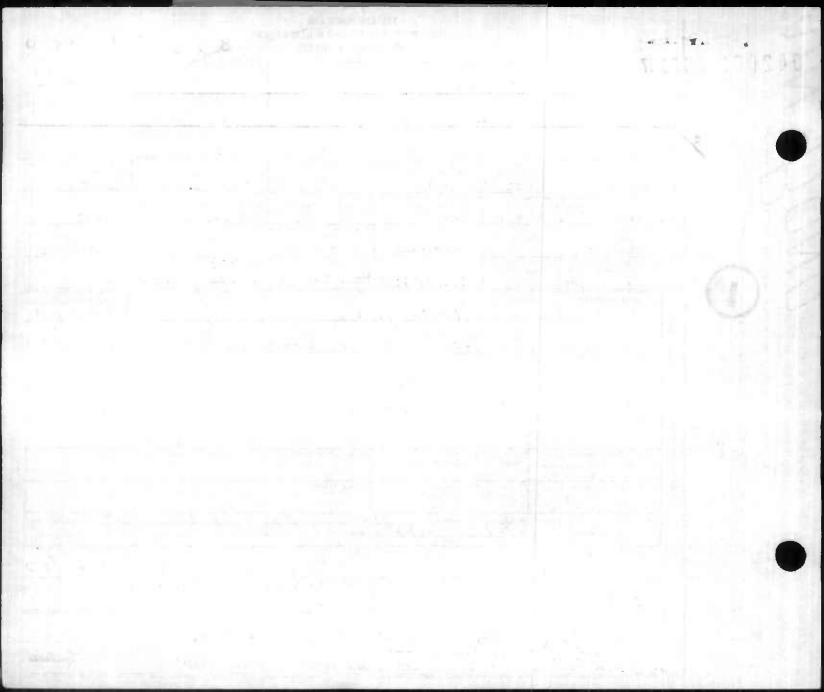
# STATE OF MARYLAND

8	7
~	REG. NO.

100	-	S∓ATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	0 1 3 7
U/III	DEC	CEASED NAME FIRST		MIDDLE	ł	A51	20. DATE OF DEATH MONTH	DAY YEAR 26. HOU
		Margan	et	May	Me:	ister	January 21	
	3 SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
1		Female	Wh	ite		uary 12, 1896	90 YR	
2	7a BIR	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR COU	
7		ryland	US	A	WIDOWE		Baltimore (	City
200		TY OR TOWN OF DEATH	11. NAME OF		IG HOME C	OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12h KIND OF BUSINE
1	Ba	ltimore		Hospital	ADDRESSI		Homemaker	Own Home
20	USUA	AL RESIDENCE (IF NURSING HOME C TATE 135 COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	
10		ryland A		Arnold	14	YES NO X	847 Pat Lane	21012
0 1		THER'S NAME			4111	15. MOTHER'S MAIDEN NA	WE	
Z	1	William	WIDDLE	Robertson		Margaret	WIDDLE	Schiffe
1		AS DECEASED EVER IN U.S. A		166. SOCIAL SECU	IRITY NO.	17 INFORMANT (DE	aughter) ADDRESS	5011222
de	(Y)	NO N		213.34.6112D Mrs. Shirley				
		18 CAUSE OF DEATH (Enter of	only one couse pe					APPROXIMATE INTER
		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)		Sep	212		>204
						Vascy lat	Accident	
7	CATION	PART 2 OTHER SIGNIFICANT  Decubitus 4  190 DATE OF OPERATION	leers.	WISTORY	07	Carcinon 7 1	INAL DISEASE OR CONDITION  Rest S/O Le.  200 AUTOPSY? 200. IF	YES, WERE FINDINGS USED
9	TIFICATION	Decibitus 4	leers.	WISTORY	07	Carcinon 4	INAL DISEASE OR CONDITION  Rest S/O Le.  200 AUTOPSY? 200. IF	4x 14 1513
9	9	Decibitus 4	19b. COM	WISTORY	OPERATIO	NOT RELATED TO THE TERM Carinom & A. N WAS PERFORMED	INAL DISEASE OR CONDITION  Rest S/O Le 200 AUTOPSY? 200 IF	FYES, WERE FINDINGS USEL RTIFYING CAUSES OF DEAT YES NO
1 1	CAL	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	19b. COPE  19b. COPE  19b. TIME ( HOUR A  ER)  F  21e PLACE	DITION FOR WHICH	OPERATIO AY YEAR 19	NOT RELATED TO THE TERM Carinom & A. N WAS PERFORMED	R CS TO SO LOS 1206. IF YES NO	FYES, WERE FINDINGS USEL RTIFYING CAUSES OF DEAT YES NO
1 1	- 1	190. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK NOTIFY MEDICAL EXAMIN 220.1 certify that (1) (this has)	19b. COMI	DE INJURY  .M. MONTH DA  .M. COF INJURY  IREET, FACTORY, OFFICE, F	OPERATIO  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  Carcinom of the term  N WAS PERFORMED  21c HOW INJURY OCCURR  21l LOCATION  STREET	INAL DISEASE OR CONDITION  20a AUTOPSY?  20b. IF  IN CEI  YES NO  CITY OR TOWN	YES, WERE FINDINGS USEI RITEYING CAUSES OF DEAT YES NO COUNTY S
1 1	- 1	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUS OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTION CONTRIBUTION OF CONTRIBUTI	19b. COMI	DE INJURY  .M. MONTH DA  .M. COF INJURY  IREET, FACTORY, OFFICE, F	OPERATIO  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  Carcinom of the term  N WAS PERFORMED  21c HOW INJURY OCCURR  21l LOCATION  STREET	INAL DISEASE OR CONDITION  20a AUTOPSY?  20b. IF  YES NO  RED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN	YES, WERE FINDINGS USEI RITEYING CAUSES OF DEAT YES NO COUNTY S
7	MEDICAL	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IN EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK 22a. Certify that (I) (this has sow the deceased alive a obove. (I) (we) (did) (did to the second of the second o	21b. TIME (HOUR AFER)  21e PLACE (AT MOME. S  pital) attended 1	OF INJURY OF INJURY IREET, FACTORY, OFFICE, F he deceosed from y ofter death.	OPERATIO  AY YEAR  19  ARM ETC)	NOT RELATED TO THE TERM  Carcinom of the term  N WAS PERFORMED  21c HOW INJURY OCCURR  21l LOCATION  STREET	INAL DISEASE OR CONDITION  20a AUTOPSY?  20b. IF  IN CEI  YES NO  CITY OR TOWN	YES, WERE FINDINGS USEI RITEYING CAUSES OF DEAT YES NO COUNTY S
7	MEDICAL	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify tho (1) (this hos sow the deceased alive a obove, (i) (we) (did) (did roby).	21b. TIME (ATHOUR AFER)  21e PLACE (ATHOME. S  pital) attended to the bad (ATHOME. S	OF INJURY OF INJURY IREET, FACTORY, OFFICE, F he deceosed from y ofter death.	OPERATIO  AY YEAR  19  ARM ETC)	NOT RELATED TO THE TERM  CARCINOM FAIR  N WAS PERFORMED  21c HOW INJURY OCCURS  21l LOCATION  STREET  20 19 87  nd that in (my) (our) opinion of DEGREE  ATTENDING	INAL DISEASE OR CONDITION  20a AUTOPSY?  20b. IF  YES NO CEITY OR TOWN  CITY OR TOWN  MEDICAL STAFF	YES, WERE FINDINGS USER TRIFYING CAUSES OF DEAT YES NO COUNTY  COUNTY  Thou and from the couses steel  22c. DATE SIGNED
7 T	WEDICAL MEDICAL	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IN EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK 22a. Certify that (I) (this has sow the deceased alive a obove. (I) (we) (did) (did to the second of the second o	21b TIME (HOUR AFER)  21e PLACE (AT MOME. S  21c place (AT MOME. S)  21c place (AT MOME. S)	DEFINJURY  OF INJURY  OF INJURY  OF INJURY  IREET, FACTORY, OFFICE, F  y after death.	OPERATIO  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  CARCINOM AND  N WAS PERFORMED  21c HOW INJURY OCCURE  21l LOCATION SIREET  21l LOCATION SIREET  AND  22 ADDRESS MER  EMETERY OR CREMATORY	INAL DISEASE OR CONDITION  REST S/OLD  200 AUTOPSY? 200 IF IN CEI  YES NO CITY OR TOWN  CITY OR TOWN  TO PHYSICIAN CITY OR TOWN  123d LOCATION CITY OR TOWN	YES, WERE FINDINGS USER RITEFVING CAUSES OF DEAT YES NO COUNTY STATES OF DEAT YES NO COUNTY STATES OF THE PART I OR PART I?)  COUNTY STATES IGNED
7	WEDICAL MEDICAL	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED  WHITE AT WORK NOTIFY HOUSE SOW the deceased alive a obove, (I) (we) (did) (did in the second of the seco	21b TIME (HOUR AFER)  21e PLACE (AT MOME. S  21c place (AT MOME. S)  21c place (AT MOME. S)	DEFINJURY  OF INJURY  OF INJURY  OF INJURY  IREET, FACTORY, OFFICE, F  y after death.	OPERATIO  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  Carcinom 4  N WAS PERFORMED  21c HOW INJURY OCCURS  21l LOCATION SIREE  21l LOCATION SIREE SI	INAL DISEASE OR CONDITION  REST S/OLD  200 AUTOPSY? 200 IF IN CEI  YES NO CITY OR TOWN  CITY OR TOWN  TO PHYSICIAN CITY OR TOWN  123d LOCATION CITY OR TOWN	YES, WERE FINDINGS USEIN THE PART I OR PART I?  COUNTY  S  A  COUNTY  S  Ma

DHMH - 16 60M 7/84 (VRA 15, 4)

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	1	3	9	
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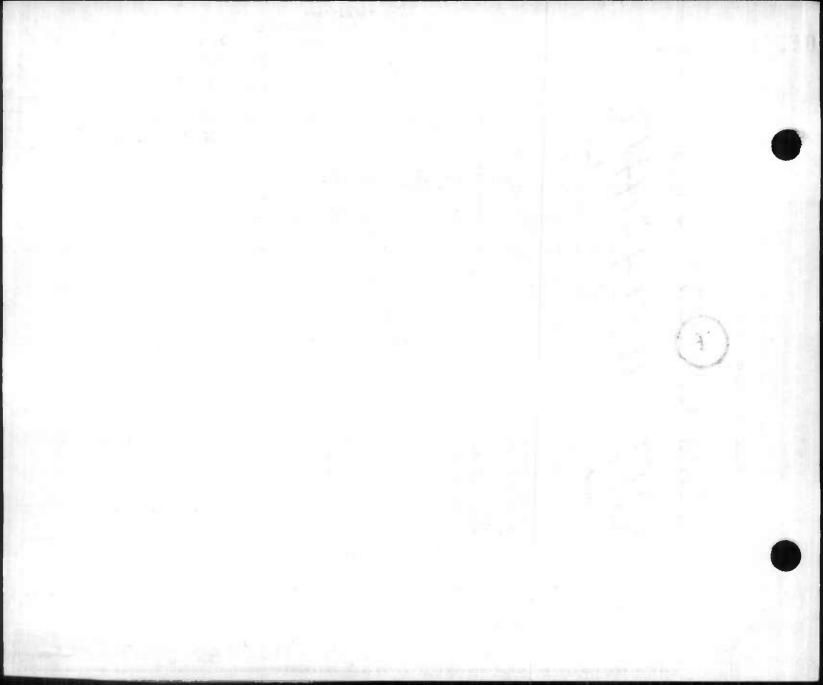
	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. NO.	0 1 3 9
	CEASED NAME PIRST	+And	A	ast LTON	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
3. SE	×	A. RACE B	5. DATE C			IF UNDER 1 YEAR IF UNDER 24 HOURS M
	Maryland	U.S.	WIDOWE		1. BALTIMORE CITY OR CO	one city
10 CI	Balto.	11. NAME OF HOSPITAL, NU (IF NOT IN SUGHFACILITY, GIVES		CVM	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	KING LIFE) 126 KIND OF BUSINESS INDUSTRY
130. 5	AL RESIDENCE (IF NURSING HOME OR C STATE 13b. COUNT Md.		TOWN	13d. INSIDE OTTY LIMITS? YES NO	13e.STREET ADDRESS / ZIP 1214 Eutaw I	
14. FA	ATHER'S NAME FIRST M	NIDDLE LAST		15. MOTHER'S MAIDEN NA	WE	LAST
	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE Unkn.	AED FORCES? 166 SOCIAL S WAR OR DATES) 240-36	5-2308	17. INFORMANT	ADDRESS	
rion	Conditions, if ony, which gove rise to immediate couse (D), storing the underlying couse lost  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE (c) ONDITIONS CONTRIBUTING	EQUENCE OF		IN AL DISEASE OR CONDITIO	
CERTIFICATION	19a Date of Operation	196 CONDITION FOR WE	HICH OPERATIO	n was performed	200 AUTOPSY? 200 IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
18	210 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		DAY YEAR		RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I ORPART 2)
MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220 1 certify that (1) (this haspite spw the deceased alive an above, (1) (we) (did) (did not	100	1 /	nd that in (my) (our) apinion	death occurred on the date on	d hour and from the couses stated
	22b. SIGNATURE MM	u Con m	,		AEDICAL STAFF DIRECTOR   PHYSICIAN [	220 DAJE SIGNED
	22d PHYSICIAN'S NAME (TYPE OR	K pay	5 M	220 ADDRESS 9051BA	TMA PILCE	Ecmal 210
	BURIAL, CREMATION, REMOVAL (SPECIFY)  Removal	23b. DATE 1-25-87	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STAT
24 FI	UNERAL DIRECTOR  NAME  Anatomy	4000	Balto	., Md. FE	B 0 7 1987	EGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hyglene prior to burial,

etained by the haspital or

BP.



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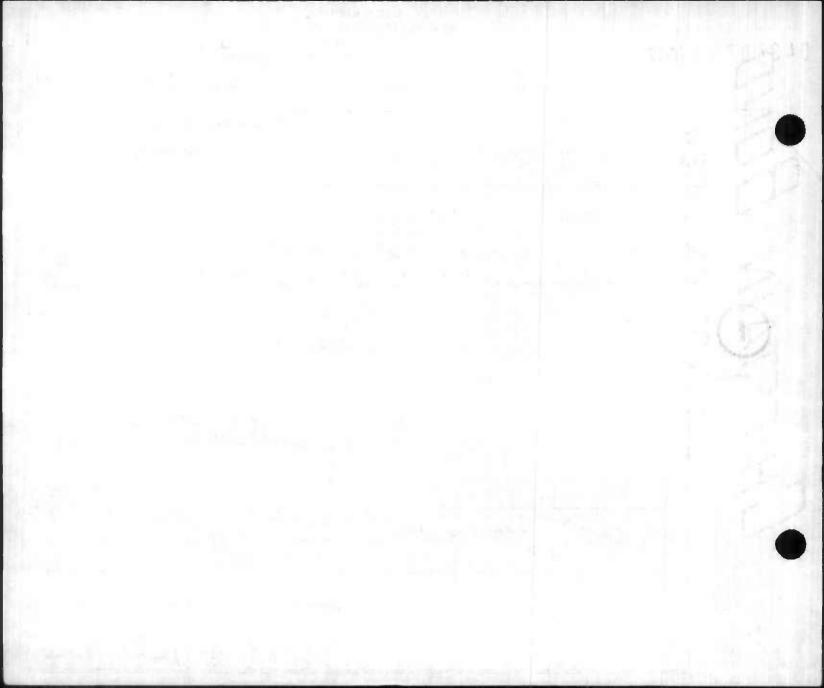
executed within 24 hours ofter deoth.

## STATE OF MARYLAND

3. SE M. 7a. B 7a. B 10 C 13a S 13a	MALE BIRTHPLACE (STATE OF FOREIGN COUNTRY) PA CITY OR TOWN OF DEATH  BAITIMORE JALRESIDENCE (FRUITSING HOME O STATE Md.	4. RACE WHITE  7b. CITIZEN OF WHAT COUNTR  U.S.  111. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI	Y? 8. MARRIED AND WIDOWED SING HOME OR OTHER	OAY YEATS  EVER MARRIED   DIVORCED	20. DATE OF DEATH  6. AGE (IN YEARS LAST BIRT  7 1  9 BALTIMORE CITY O	YRS.	YEAR  8 7  DER I YEAR  DATS  DEATH	26 HOUR  2, 250,  IF UNDER 24 HR  HOURS MIN
3. SE  M  10 C  13a S  14 FA	PAULE  BIRTHPLACE (STATE OF FOREIGN COUNTRY) PA  CITY OR TOWN OF DEATH  BALLEBORGE OF NURSING HOME OF STATE  Md.  136 COUNTRY	4. RACE WHITE  7b. CITIZEN OF WHAT COUNTR  U.S.  11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI	Merciai 5 DATE OF BIRTH  "OZ"  WARRIED AND  WDOWED  SING HOME OR OTHER	EVER MARRIED DIVORCED	6. AGE (IN YEARS LAST BIRT	1 29 THDAY) IF UNIT	87 DER I YEAR	2,250
3. SE M. Jan. B. Jan.	PAUL  EX  MALE  BIRTHPLACE (STATE OF FOREIGN  COUNTRY)  PA  CITY OR TOWN OF DEATH  BALLIBORE  JALRESIDENCE (** NURSING HOME OF STATE  Md.  136 COUI	4. RACE WHITE  7b. CITIZEN OF WHAT COUNTR  U.S.  111. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI	3 DATE OF BIRTH	EVER MARRIED DIVORCED	71	THDAY) IF UNI	DER TYEAR	IF UNDER 24 HR
10 C 13a S 14 FA	MALE BIRTHPLACE (STATE OF FOREIGN COUNTRY) PA  CITY OR TOWN OF DEATH  BALTIMORE JALRESIDENCE (B NURSING HOME OF STATE  Md.  136 COUI	4. RACE WHITE  7b. CITIZEN OF WHAT COUNTR  U.S.  111. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI	3 DATE OF BIRTH	EVER MARRIED DIVORCED	71	YRS.	S DATS	
10 C 10 C 13a S	BIRTHPLACE (STATE OF FOREIGN COUNTRY) PA  CITY OR TOWN OF DEATH  Baltimore JALRESIDENCE (B NURSING HOME OF STATE  Md.  136 COUI	7b. CITIZEN OF WHAT COUNTR  U.S.  11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI	Y? 8. MARRIED AND WIDOWED SING HOME OR OTHER	EVER MARRIED DIVORCED				HOURS MI
10 C 13a S 14 FA	PA  CITY OR TOWN OF DEATH  Baltimore  JALRESIDENCE (# NURSING HOME OF STATE  Md.  136 COU	U.S. 111. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI	MARRIED A NE	DIVORCED [	9 BALTIMORE CITY O	R COUNTY OF E	PEATH	
14 FA	Baltimore  UAL RESIDENCE (# NURSING HOME OF STATE 136 COUL)	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER					
13a S	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	Union Memo		HINSTITUTION	12a USUAL OCCUPATE			F BUSINESS C
13a S	Md.	OTHER INSTITUTION GIVE DESIDENCE DEC.	rial Hospi	tal	Welder		Ste	el
) 160 V			WN 13d INS	IDE CITY LIMITS?	13e STREET ADDRESS / 4206 WOO	ZIP CODE dlea Ave	21	206
	ATHER'S NAME	MIDDLE LAST	Par 1944	THER'S MAIDEN NA	WE	5 - 1	LAS	ī
	Bennetto WAS DECEASED EVER IN U.S. AR	Merciai  Merciai  Merciai  Merciai		rrie DRMANT	ADDRE		asco	
		VE WAR OR DATES) 174-18-	-1370 Mrs	. Alberta			E. B	2120 BALTO.,
NO.	gove rise to immediate couse IOI, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEC (c)		ATED TO THE TERM	ninal disease or cont	DITION GIVEN IN	PART lic	)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	CH OPERATION WAS F	ERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING		
7 4	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	OW INJURY OCCUR	RED (ENTER NATURE OF INJUR		OR PART 2)	NO L
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY OFFICE	E FARM ETC NS	CATION	CITY OR 10V	wn C	OUNTY	STATE
rem z i is ind		ord) ottended the deceosed from	0-0/		deoth occurred on the do			
AND	22d. PHYSICIAN'S NAME   TYPE	SR PRINT)	22e AC		MEDICAL STAF			
23a. f	BURIAL, CREMATION, REMOVAL (SPECIFY)  Removal	23b. DATE 23 1-29-87	NAME OF CEMETER	OR CREMATORY	23d LOCATION CITY OR TOWN	cou	YINI	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The Insert of the retoined by the hospitol or ottending physician



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2 hours ofter death

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCITAL

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0.5	REO. IVO.					_

SEX	ELINOR Mar				). ·	
,		rgaret 1	MERRITT	JANJARY 25,	1987	76 HOUR 6:15p
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	Whi		b. 4. 1960	26	YRS.	THS DAYS HOURS M
BIRTHPLACE (STATE OR		E WILLAT COLINITOVA . 8		O BALTIMORE CITY O		FDEATH
Baltimore,	Md. U.S.A		RRIED NEVER MARRIED X	BALTIMORE	CITY	
CITY OR TOWN OF DE	ATH 11. NAME O	F HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	126 KIND OF BUSINESS
BALTIMORE		HNS HOPKINS I		Registered	Nurse	Franklin S
UAL RESIDENCE (IF NUR	SING HOME OR OTHER INSTITUTION	DN. GIVE RESIDENCE BEFORE ADMISS	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	Hospit
1d.	Harford	Forest Hil		1600 Samar		21050
FATHER'S NAME			15. MOTHER'S MAIDEN N	AME		7 11720
Herbert	Edward	Merritt	Carol	Marie	Hof	ferbert.
WAS DECEASED EVER	IN U.S. ARMED FORCES			ADDRE	CC	Samantha Ct
TYES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	213-52-329	/ Ma Hambani	L C Mamaille		
Tuesusess	11.5		4 Mr. Herber	t E. Merritt	FOREST	Hill Md. 21  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEA
PART I. DEATH V	VAS CAUSED BY	er line for (o), (b), and (c).)	1			BETWEEN ONSET AND DEA
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Canditians, if any gove rise to im		respirat	and ruest			Smin
cause (a), stati underlying cause	ng the DUETO.	OR AS A CONSEQUENCE		ire		lyeur
	,	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 110
	DM , STUD	h dureus	SCASII			
(D						
190 DATE OF OPERA		DITION FOR WHICH OPER		200 AUTOPSY?	IN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
190 DATE OF OPERA	TION 196 CON	DITION FOR WHICH OPER	ATION WAS PERFORMED	YES NO	IN CERTIFY IN YES [	NG CAUSES OF DEATH?
190 DATE OF OPERA	TION 19b CON DERLYING 21b. TIME CAUSE OF DEATH		ATION WAS PERFORMED	YES NO	IN CERTIFY IN YES [	NG CAUSES OF DEATH?
	TION 19b CON  DERLYING   21b. TIME  CAUSE OF DEATH  ICAL EXAMINER)	OF INJURY A.M. MONTH DAY Y P.M.	ATION WAS PERFORMED  21c. HOW INJURY OCCL EAR 19	YES NO	IN CERTIFY IN YES [	NG CAUSES OF DEATH?
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OR CONTRIBUTING UF EITHER NOTEY MED  21d. INJURY OCCUR  WHILE NOT W AT WORK AT WORK  220.1 certify that (1	ITION 196 CON  IDERLYING   216. TIME CAUSE OF DEATH ICAL EXAMINER)  RED 21e PLAC (AT HOME)  HILE   116 HOME	OF INJURY A.M. MONTH DAY Y P.M. E OF INJURY STREET, FACTORY, OFFICE, FARM, ET	216. HOW INJURY OCCL EAR 19 211. LOCATION STREET	YES NO NO NERED (ENTER NATURE OF INJUI	IN CERTIFÝIN YES [ RY IN ITEM 18, PARI	OG CAUSES OF DEATH?  NO I ORPART?)  COUNTY STATE
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OR CONTRIBUTING   (IF ETHER NOTIFY MED  21d. INJURY OCCUR  WHILE NOTIV  AT WORK AT WO  220.1 certify that (I  sow the decay  above, (I) [we)?	DERLYING   216. TIME CAUSE OF DEATH HOUR ICAL EXAMINER)  RED   21e PLAC IAT HOME   21e	OF INJURY A.M. MONTH DAY Y P.M. E OF INJURY STREET, FACTORY, OFFICE, FARM, ET	21c. HOW INJURY OCCL EAR 19 21L LOCATION SIREE1  Ond that in (my) Our Opinio  DEGREE  ATTENDING	YES NO NO NERED (ENTERNATURE OF INJUING CITY OR TO NEW YORK OF THE MEDICAL STAF	IN CERTIFYIN YES RY IN ITEM 18 PARI WN 19.	COUNTY STATE
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DHMH 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

BP.



STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	ź

8	TREG. NO.	0	1	44	0

140025 JAN -6	6¥-	FOR STATE REGISTRAR			DEPART		FICATE OF DEATH	YGIENE	3 7 <sub>REG. NO.</sub>	0	4	00
		CEASED NAME	FIRST		MIDDLE		LAST	2a DA	TE OF DEATH M	ONTH DA	YEAR	2b HOUR
1 E	Live		ANET		В.		MEYERS	JA	N.1,198	37		6:50A M
8 8 8	3. SE	Х		1. RACE			OF BIRTH	6 AGE	IN YEARS LAST BIRTH	DAY) IF	F UNDER 1 YE	
7 35	Fe	emale		Cauca	sian	Ju	ly 3°, 1920		66 yrs	· YRS	DNIHS DAY	YS HOURS MIN.
		RTHPLACE (STATE OR FOR COUNTRY)	REIGN ]		WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED		IMORECITY OR BALTIMO			MD
	10. C	BALTIMOR		II. NAME OF I	HOSPITAL, NURSII H FACILITY, GIVE STREE HOEKI	NG HOME	OR OTHER INSTITUTION	12a US	UAL OCCUPATION WORK FOR MOST OF T		INDUSTR	OF BUSINESS OR Circle
	13a MC	1.	B HOME OR O		GIVE RESIDENCE BEFOR 13c. CITY OR TOV Balto	VN	134 INSIDE CITY LIMITS	100	REET ADDRESS /	zip code ler V	Hos	spice 21205
H HBX		arles Del	ong	AIDDLE	LAST		Jeanette		Unknow	n		LAST
0	no	VAS DECEASED EVER IN	U.S. ARA (IF YES, GIVE		79-18-6		Jane So	wder	Same A	_	SS	
St.		18 CAUSE OF DEATH I PART I. DEATH WAS	CAUSED	y one cause per BY: CAUSE (0)		9	Imenary	av	rest			OXIMATE INTERVAL EN ONSET AND DEATH
W. PRESTON ST but the death cert by the arrending se remains of cert cremation. or cert inher formations.		Conditions, if ony, v		DUE TO, O	RAS A CONSEOU	ENCE OF				4	1	day
		gove rise to immer cause (a), stating underlying cause	the	DUE TO, O	RASA CONSEOU de		itus ula	ers			u	uknown
ow requires the committee that the please of prior to buriol.	NO	the state of the s		onditions <u>co</u>	dem	ent	NOT RELATED TO THE TE		SEASE OR CONDI	TION GIVE	V IN PART	110.
	CERTIFICATION	19a DATE OF OPERATIO	N	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a YES			ING CAUS	DINGS USED SES OF DEATH?
VISION OF WITAL  C PHYSICIAN. The  C PHYSICIAN.	5	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	ISL OF DEAT	HOUR A.	M. MONTH D	AY YEAR	21t HOW INJURY OCC	URRED (EN	TER NATURE OF INJURY	IN ITEM 18 PAR	T + OR PART 2	7)
WISION C PHYS G PHYS offending er this ci	MEDICAL	21d INJURY OCCURRED		21e PLACE			211 LOCATION STREET		CITY OR TOW	И	COUNTY	STATE
TTENDIN TTENDIN TTOR: Aft for use of of Health		220. I certify that (I) (the sow the deceased above, (I) (we) (did	olive on_		1 (1 19	87.0	nd that in (my) (our) opini	26_, to	curred on the dot	e and hour	ond from t	that (I) (we) lost the causes stated
MTALEST Aby the hos by the hos edetoched Stote Dept		22b. SIGNATURE	81	la	one dearn.		DEGREE ATTENDING PHYSICIAN	MED DIREC	ICAL STAFF	AND	22c DA	TE SIGNED 7
O HOSPIT TO FUNER should be with the Sit		22d. PHYSICIAN'S NAM	LZA	NNE	KOVE	V MI	January ADDRESS 6001	s. He	LFE ST	BA	LEC	3pt 200
7 6 5 2 3 X	23a E	BURIAL, CREMATION, RE					EMETERY OR CREMATOR	RY 23 d	LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 1-5-87 Funeral Home, Inc.

Baltimore National

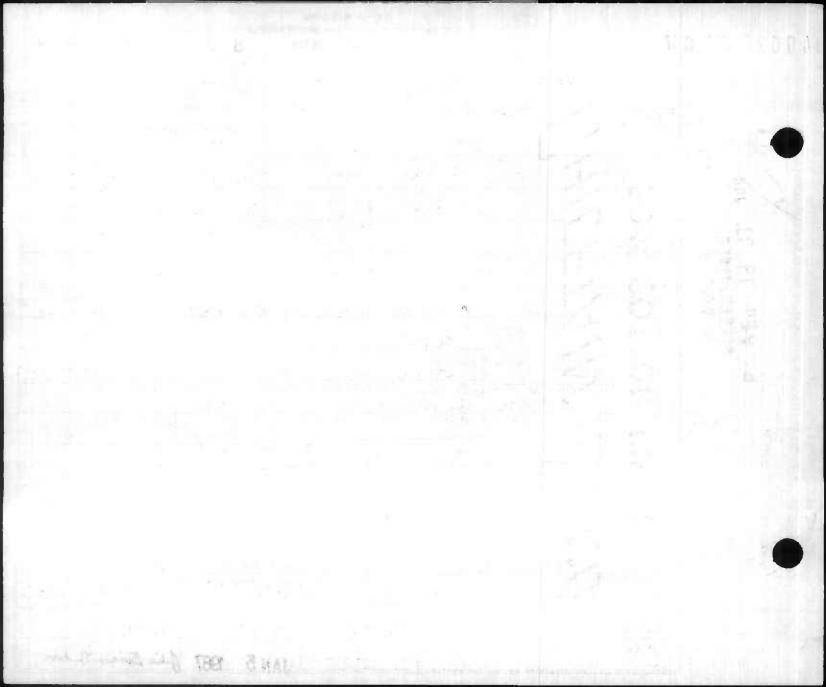
cem.

em. Balto., Md.

By REGISTRAR 256 REGISTRAR'S SIGNATURE

21213 Brohms Lane, Balto., Md.

Julia Divideon Rondoca



07/84 25M

BP\_ **DHMH - 17** (VR A15 ME (5))

## CTATE OF MARVIAND

N	FOR STATE REGISTI	RAR					HEALT	H AND M				NON I		0 1
	T. DECEASED		FIRST	ond	MIDDLE			LAST			-	MONTH	DAY YE	
	3 SEX	4. RA		5. DATE OF BIRTH	Joh	& AGE (IN	MON MON		IF UNDER	R 24 HRS.	21 DATE PRONOUNCED DEAD	HTMOM	DAY YE	87 AR 24 HOUR
K	Male 7ª BIRTHPLA FOREIGN 60	CE (STATE OF	ite	Oct. 30, 19 76 CITIZEN OF WH USA	AT COUN	1 07	YRS. MAR	RIED X NE	VER MARE		9. BALTIMORE CITY	_	OF DEATH	
0	0 CITY OR T	OWN OF DE		11. NAME OF HOSE (IF NOT IN SUCH FACE	ILITY, GIVE S	TREET ADDRESS	ME, OR OT			12a US FOR	Baltimor	YPE OF WORK		BUSINESS JSTRY
£				OTHER INSTITUTION, GIV	RESIDENCE		SION)	13d. INSIDE C			ruckdriver 611 Northb		Rd. 21	1239
	14. FATHER'S FIRST RE			MIDDLE	2.0	last ers		15. MOTH	ER'S MAID	EN NAMI	E MIDDLE		Wolfe	
	166. WAS DEC (YES, NO, OR Yes	(UNKNOWN)	R IN U.S. ARM	ED FORCES?	16b. SOC	141 SECUR		Mrs.	MANT		Meyers S		MOTTE	
1	Co go co lyi	nditions, if ave rise to use (a) statin ng cause las	WAS CAUSED  IMMEDIATE  any, which immediate ing the under- t.	CAUSE (O)  CAUSE (O)  DUE TO, OR A  (C)  ONTRIBUTING TO DEATH B	rter AS A CON	ioscle Isequenci	E OF		j	 5	ar Disease		BETWEEN O	AATE INTERVAL NSEL AND DEATH
2	71c. EX	TE OF OPER	RATION	19h CONDITI	ON FOR	WHICH OPE	ERATION	WAS PERFOR	MED?				20 AUTOP	
3	210. EX UNDER	TERNAL CAL		21b. TIME OF HOUR A.M. EATH P.M.		DAY YEA	AR 21c F	OW INJURY	OCCURR	ED (ENTER	NATURE OF INJURY IN ITEM )	8 PART I OR PART	YES L	NO X
	21d IN.	JURY OCCU	RRED	21e PLACE O STREET, FACTO		(AT HOME.	21f L0	STREET			CITY OR TOWN	COUN	ΙΤΥ	STATE
	death ACTUA	resulted fra	m: Naturo	of the remains desc	Accident			, Hamis	PECIFY) Sista	Under	Inquiry of termined manner	DATE SIGNED	1/01	/87
	(SPECIFY)		REMOVAL 23					OR CREMATO		CITY	OCATION OR TOWN	COUNTY		STATE
	24 FUNERAL			Inc. Bal					25a. DATE		tonsville Y REGISTRAR 236 REC	Balto SISTRAR S SIG		

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FOR - STATE

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE	8	7 REG.	(	
				11201		_
WIDDLE	LAST	2a. C	DATE	OF DEATH	MONTH	4

	REGISTRAR				CERTII	ICAIL OF DEATH	REG. N	10.		- X	
1.DEC	EASED NAME	FIRST		WIDDLE	1	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2	HOUR	
	OR PRINT)	ROSE		Ε.		MEYERS	JANUARY 11	,		6:16	A <sub>M</sub>
3 SEX			4. RACE		5 DATE C		6. AGE (IN YEARS LAST BI	RTHDAY] IF UN		HOURS A	HRS.
3	FEMALI	Е	CAUCAS	IAN	JANU	TARY 14, 1897	89	YRS.	no UATO	10085	VIN.
	THPLACE (STATE	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	2Y? 8.	D NEVER MARRIED	9 BALTIMORE CITY		DEATH		
	USSIA		U.	S.A.	WIDOWE	4.4	BALTIMORE	E CITY,			MD.
	Y OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURS	SING HOME C	OR OTHER INSTITUTION	17a USUAL OCCUPAT	ION 12	26. KIND OF E	BUSINESS	
	LTIMORE		SINAI	HOSPITA	AL		HOUSEWIFE		NDUSTRY ]	HOME	
USUA 13a ST		13b COU	OR OTHER INSTITUTION	13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE			
M	IARYLAND			BALTIM	10RE	YES XX NO 🗆	6111 BERKE	LEY AVE	. APT.	A2 (	(2128)
14. FAT	THER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		1241		
	SIMO	ON	mious.	GREENFE	ELD	SOPHIE	PTINOVEN	LIF	FSITZ		12
	AS DECEASED E		RMED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDR	ESS	(2	1209)	
(16	NO NO	) (# YES, GI	VE WAR OR DATES!	21242	2-6607	MR. MAX B. M	EYERS 6111	BERKELEY	APPROXIMA BETWEEN GIVE		. A2
	underlying co	ony, which immediate toting the ouse lost	DUE TO, O	Hear	QUENCE OF	NOT RELATED TO THE TERM	DISCLE  AINAL DISEASE OR CON  200 AUTOPSY?	NDITION GIVEN IN		D-P.	resal
TIFIC				_			YES NO	IN CERTIFYING	G CAUSES O		
MEDICAL CERTIFICATION	218. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DE	CAIN .	OF INJURY ,M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCURI			J		
	21d. INJURY OCC	CURRED  OT WHILE  IT WORK		OF INJURY REET, FACTORY, OFFICE	.E. FARM, ETC }	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
	sow the dec	reased olive or ve) (did) (did no	oitol) ottended the	0 19	86 , or	nd that in (my) (our) opinion DEGREE	deoth occurred on the d		from the co		lost
			MU	n'.	ly	ATTENDING PHYSICIAN	MEDICAL STA	AFF	1/12	187	>
	22d. PHYSICIAN'S	S NAME (TYPE	OR PRINT)	0.	0	27e ADDRESS	. 0 \	0 116			1127
	Mort	T, NG	Ellir	) M	.1).	123100196	wit Kd,	kandalk	nuck	MD	21123
	JRIAL, CREMATIC				RENAME OF C	EMETERY OR CREMATORY	23d LOCATION	E BALTIM	MOE MA	RYEA	ND
	RO	JRIAL	1-12	1-8/	LUBAWIT	ΓΖ NUSACH ARI	ROSEDAL	L DALLIN	OILL PL	LICI LII	, 10

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

74 FUNERAL DIRECTOR SOL LEVINSON & BROSESS 6010 REISTERSTOWN ROAD BALTIMORE, MARYLAND

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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		em # 5 & 6, film G 6 FOR STATE REGISTRAR		NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	A18 0 0	0 1 7 0 7
42455	1, DE	CEARED A MARE FIRST	Ibert Theod	ore Michael	REG. NO.	DAY YEAR 26 HOUR 25 87 950 AM
ge 4 may ector. pag	3. SE	TALE !	White	5. DATE OF BIRTH  MONTH  DAY  YEAR  11  30	6 AGE (IN YEARS LAST BIRTHDAY)  56 YR	IF UNDER 1 YEAR IF UNDER 24 HRS
deoth. Po	N	arvland	LISA	MARRIED NEVER MARRIED NOVEL DIVORCED	Baltimore C	City MD.
n by the filed with	BA	TY OR TOWN OF DEATH  ALL RESIDENCE (IE NURSING HOME OR O	University Hos		TYPE OF WORK FOR MOST OF WORKIN	d -
thin 24 ho	Ma Ma	ryland (salti	more Sparks		ME	Bottom Rd.21152
d completes on icolexomic		NO BOLOVE ROVAS DECEASED EVER IN U.S. ARA	OSEVEIT MED FORCES? 166 SOCIAL SECU	AL UIOLA RITY NO. 17 INFORMANT	Elizabeth ADDRESS	Sheeler
iction on pers. Pog pl.		Yes Kor	ea 214-26 y one cause per line for (o), (b), and	d (c).)	Fife, 3615 Rock	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
corboning ph corboning ph n. or remo		IMMEDIATE	DUE TO, OR AS A CONSEQUE	INCE OF	LETION DISCAS	4 DAYS
by the direction of common or other troops		Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE		cent Justin	
requires 1	NOIL			DEATH BUT NOT RELATED TO THE TERM		
The Ibe Icon Ite has be null permit glenk pri	CERTIFICATION	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CEI YES NO CEINJURY IN ITEM	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
erscland deng phys is certifica bussialstra Membal H or them 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEAT  JIF EITHER NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED	H HOUR A.M. MONTH DA	AY YEAR 19 211 LOCATION	CITY OR TOWN	COUNTY STATE
VOING PA	W	WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this hospital	(AT HOME, STREET, FACTORY, OFFICE, F	ARM_ETC.) STREET	, ta	
OR ATTER w hospita british (in: Dept of the Them 21 i		saw the deceosed olive on abave, (I) (we) (did) (did nat	view the body after death.	DEGREE ATTENDING	death accurred on the date and	hour and from the causes stated  22c. DATE SIGNED
O FUNERAL could be det to the State PORTANT		224 PHYSICIANS PAME THE CO	HER WEN	PHYSICIAN [	DIRECTOR   PHYSICIAN	Audher Rose
0€ 2€1 ¥		SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY sley Meth. Ch. Cen	234 LOCATION	Baltouniv Md. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	Bryan W. Clary	10 W. Padonia	a Rd., 21093 JAN	2 9 1987 Julia	ISTRAR'S SIGNATURE

TAY SO THAT SEE STATE

# STATE OF MARYLAND

DEF	PARTMENT	OF HEA	LTH	AND	MENTAL	HYGIENE
	CE	RTIFIC	ATE	OF	DEATH	

EATH	8 R.G. NO.	)	· day	0	4
	20. DATE OF DEATH MONTH	8	87	26 HOU	18,F
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UN	DERIYEAR	IF UNDER	24 HR5
10	76 YRS.	MONT	HS DAYS	HOURS	MIN.
ARRIED 🗆	9. BALTIMORE CITY OR COUNT	Y OF	DEATH		
ORCED	Baltimore City				MD.
TUTION	170 USUAL OCCUPATION		NOUSTRY	F BUSINE	SS OR

1. DECEASED NAME (TYPE OR PRINT)	Grace		MIDDLE		ha <b>el</b>		20. DATE C	OF DEATH	MONTH	8	87	26. HOU	18,
3. SEX <b>F</b> ema	ıle	4 RACE	White	5. DATE O		10	6. AGE (IN	76	BIRTHDAY)	MONT	DER I YEAR	IF LINDER HOURS	R 24 HRS MIN.
BIRTHPLACE (STATE COUNTRY)  Maryland	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE		MARRIED DI	9. BALTIM				DEATH		MI
Baltimor			HOSPITAL, NURSIN	ADDRESS)	ROTHER IN		12a USUAI (TYPE OF WO		OF WORKIN	G LIFE) IN	NDUSTRY		
USUAL RESIDENCE (IF NO. 130. STATE  Maryland	136. COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Arbutus	ADMISSION)		CITY LIMITS?	13e STREET 5402	ADDRESS	ZIP CO	ODE			
FATHER'S NAME FIRST HOME!		MIDDLE W.	Charle	es		r's MAIDEN NA FIRST Mamie		MIDDLE			LAS		
160 WAS DECEASED EVE (YES, NO OR UNKNOWN)		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 215-12-2		17 INFORM		4ichae	ADD		ighr:			et
PART I. DEATH	VALAC C ALICI	TE CAUSE (a)	r AS A CONSEQUE	jora	rdu	P Frifa	iction				APPROX BETWEEN	MATE INTE	RVAI DEATH
Canditions if a	av which	DUE TO, O	R AS A CONSEQUE	HCE OF	1000								

	nly ane cause per line far (a), (b), and (c), 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIA	TE CAUSE (0) Acute Mexocondial Infanction	
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF  (b) Hypertension  Due to, or as a consequence of  (c)	

190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES [		
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19					
21d INJURY OCCURRED  WHILE NOT WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (ATHOME STREET FACTORY, OFFICE FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn COUNTY	STATE	

WORK	AT WORK					
220.1 certif	y that (1) (this haspital)	attended the deceased fram		, ta	. 19	, that (i) (we) last
saw th	e deceased alive an (I) (we) (did) (did nat) vie	ew the bady after death.	., and that in (my) (aur) apinio	an death accurred an the da	ite and have and fr	am the causes stated
775 CIC 51 A	TLIDE		DECORE			A 175 A10.15A

ATTENDING PHYSICIAN MEDICAL STAFF

HOC	OVEV		700	CA701	V AUR	baltiul)	4
230 BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF	CEMETERY OR CI	REMATORY	23d LOCATION CITY OF TOWN	COUNTY	51
Burial	1/12/87	Loudon	Park Ce	meterv	Baltimore		Maryl
24 FUNERAL DIRECTOR		ADDRESS	21229	250 DATE	REC'D. BY REGISTRAR 2	REGISTRAR'S SIG	NATURE

DHMH - 16 60M 7/B4

(VRA 15, 4)

FOR 1 - STATE 87 REGISTRAR

Buria
Printeral director

NAME

Hibb-4107 Wilkens Ave. Hubbard Funeral Home, Inc.,

250 DATE REC'D. BY REGISTRARIZE REGISTRARIS SIGNATURE

1.51 - 1.151 isliaspi asmga .42

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

040502 JAN	13	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYP CERTIFICATE OF DEATH	GIENE 8 7	0 1 4 0 5
m 5		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	3-087 YEAR 26 HOUR
be oge 3		JOHN	<u>.</u>	MICHALOWSKI	/	9 97 10 AM
OE DO	3. SE	X	4 RACE	5. DATO OF BIRTHS - 24	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 90 0		MALE	CAUCASIAN	05 28 24	62 YRS	MONTHS DATS HOURS MIN.
1000		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
1 12 300		MD.	U5A	WIDOWED DIVORCED	BALTIMORE	CITY MD.
. 1123	10. C	BALTO.	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY GIVE STREET		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING MACHINIST	176 KIND OF BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2130 ING PHYSICIAN: The low requires that the death certificate the certificate has been signed by the ottending synctem and completely filled in the ost the buriol transit permit. Then please remove contained by the ord Mental Hygiene prior to buriol, cremation, or embred. The medical experiment must be not death or them 18 shows only injury, or other traumotic event, the medical externment must be orked on them 18 shows only injury, or other traumotic event, the medical externment must be orked on them 18 shows only injury, or other traumotic event.	13a.	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW			EW AVE 21213
4 4	14. F.	ATHER'S NAME		15. MOTHER'S MAIDEN NA	AME	17 2
AAR		FIRST	MICHALOWS:	KI BARBARA	WIDDLE	SOBCHYK
E. A		TUT.TUS WAS DECEASED EVER IN U.S. AI			ADDRESS	DODGITH
CTIMO		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 218-12-	4426 CARRIE MIC	HALOWSKI (WIFE)	SAME ADDRESS
T. Ba		PART I. DEATH WAS CAUSI	nly one couse per line for (01, (b1, on ED BY: TE CAUSE (0) Land	ion lhum an	anest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or the original or the original or the original or the original or		IMMEDIA	DUE TO, OR AS A CONSEQUI	ENCE OF		
deorth deorth ove co	15	Conditions, if ony, which	(b) rann	watery a	uest	
W. PRE on the countries by the cost remote it.		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	ENCE OF		
ned ned viriol		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION O	IVEN IN PART I(o)
RDS, sign Then to b injury	NO	Acut	1 Na cereby	al event		
L RECOLL RECOLL RECOLL RECOLL RECOLUTION TO THE PRIOR	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED  TIFYING CAUSES OF DEATH?  YES \( \bigcup  \text{NO} \( \bigcup \)
VIITA VIITA VIITA VIITA Name  Content	CER	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM )	
SICIAN ng phy ng		OR CONTRIBUTING CAUSE OF DE		AY YEAR		
No ding ding of her buring or the	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
NG PH offer the state of the order of the order of the order or the or	W	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	ARM. ETC ) STREET	CITY OR TOWN	COUNTY STATE
To S A S A S A S A S A S A S A S A S A S	1		ital) attended the deceosed fram_	19 8	, to	, 19, that (I) (we) lost
Sprite CTO of h		sow the deceased whive or obove, (1) (we) did (did no	ot) view the body after death.	O, and that in (my) (our) opinion	deoth occurred on the date and h	our and from the causes stated
IL OR Josephan Street		226. SIGNATURE	On MN	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
HOSPITAL need by 11 FUNERAL old be det 11 the Stote		22d. PHYSICIAN'S NAME (TYPE	OR PRIVI)	PHYSICIAN [	DIRECTOR PHYSICIAN	1/10/0/
TO HOSPITAL Cretoined by the TO FUNERAL B should be detach with the Stote D IMPORTANT: #		RW i	) ALY	Locat RI	AVEN VA	
T 2 2 5	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
BP		BURIAL		y Trinity Russian	Baltimore	Ma.
DHMH - 16 60M 7/84	24 F	"Schilliunek Fune	eral Home Ort	hodox Church Campa	TE REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
(VRA 15, 4)		3331 Brehms La	ane, Balto. Md. 2	21213	1007 Ali	Timber Andres

the second of th ALL TENTHS WATER IS THE BOOK SERVICE SERVICE The territorial water that I have

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page the hospital an ottending physician.

ST	AT	E	OF	M	AR	YL.	AND	)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO	0	1	4	0

J.	1 1	REGISTRAR			CERTIF	ICATE OF DEATH	8 REG. NO	, 0	1 4	UO
		OR BRIDITY	IRST SE	WIDDLE	CHI	EL SW	20 DATE OF DEATH	MONTH DAY	787	SPM
	3. SEX	male	4 RACE	20	5. DATE C		6. AGE (IN YEARS LAST BIRT	MON		IF UNDER 24 HRS. HOURS MIN.
1	C	RTHPLACE (STATE OR FORE COUNTRY) RYLAND	IGN 76. CITIZEN O	F WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF		ITY MD.
2	10 CI	TY OR TOWN OF DEATH		F HOSPITAL, NURSING UCH FACILITY, GIVE STREET A	ODRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF BOOKKEEPE	ON WORKING LIFE)	126 KIND OF INDUSTRY RETA	BUSINESS OR
3	13o. S	L RÉSIDENCE (IF NURSING TATE 13 RYLAND	HOME OR OTHER INSTITUTION	13c. CITY OR TOWN BALTIMO	1	13d INSIDE CITY LIMITS? YES X NO	2500 W.BELV	ZIP CODE EDERE	AVE. #	21215
20	14. FA	THER'S NAME DAVID	ME	INBERG		15. MOTHER'S MAIDEN NA/	WE	ME	RENBLÖ	OM
1.	NÖ	VAS DECEASED EVER IN ES, NO OR UNKNOWN) (	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	578-61		17. INFORMANT STE 5617 REISTE	EPHEN BERGER ERSTOWN RD.	BALTO	., MD	21215
-		18 CAUSE OF DEATH IT PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (0)_ DUE TO,	OR ASA CONSEQUE	ent	or Acc	rest		APPROXIM. BETWEEN ON	ATE INTERVAL NSET AND DEATH
	NO		the   DUE TO,	OR AS A CONSEQUE		NOT RELATED TO THE TERM	inal disease or conf	DITION GIVEN	IN PART 110	
7	CERTIFICATION	190 DATE OF OPERATIO	N 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		VERE FINDING NG CAUSES C	
9	MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART	I OR PART 2)	
,	MED	VHILE NOT WHILE AT WORK		E OF INJURY STREET FACTORY OFFICE, FA	/	ZII LOCATION STREET	CITY OR 10		COUNTY	STATE
		27a I certify that (1) (the saw the deceased obove, (1) (fel (4) 27b SIGNATURE	olive on Ultra the book (Idd not) view the book		57 . or	DEGREE	deoth occurred on the do	ate and hour a	nd from the co	IGNED .
1		22d PHYSICIAN'S NAM	E (TYPE OR PRINT) - A, FRA	SEI A 150	m		MEDICAL STAI DIRECTOR PHYSIC	IAN	Green	5/8/
	23a. B	SURIAL, CREMATION, RE	MOVAL 236. DATE	23c N		EMETERY OR CREMATORY YEHUDA ANSHE I	23d LOCATION CUTY OF TOWN KURLAND BAI	TIMORÉ	OUNTY	MD STATE

BP. DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar oth

(VRA 15, 4)

FOR

040864

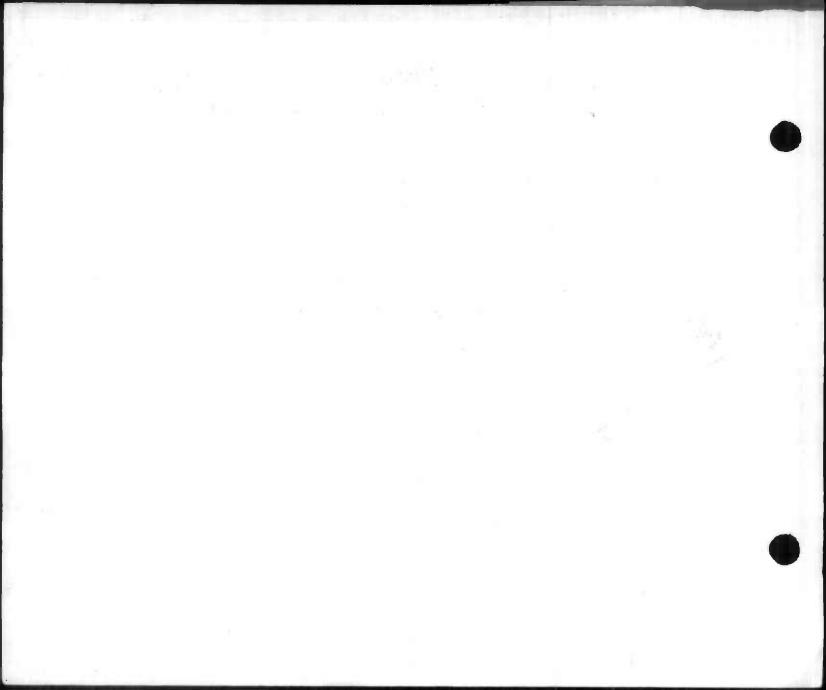
mperely tilled in by the funeral director, page 3 and 7 should be filed within 72 hours after death

The State of the

FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD. BALTO. MD 212 24 FUNERAL DIRECTOR 21215

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1 3 1007



ems 130-136

REGISTRAR 1. DECEASED NAME

LITTE OF PRINTS

BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 20637 136,STREET ADDRESS / ZIP CODE LAST ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT KEVATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) , 19\_\_\_\_ \_\_\_, that (I) (we) lost and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED STAFF PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 23d LOCATION 87 (SPECIFY) BURIAL CITY OR TOWN BALTIMORE, MD. 21229 24 FUNERAL DIRECTOR HUBBARD F.H. WILKENS AVE., BADTO., . MD. 21229

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

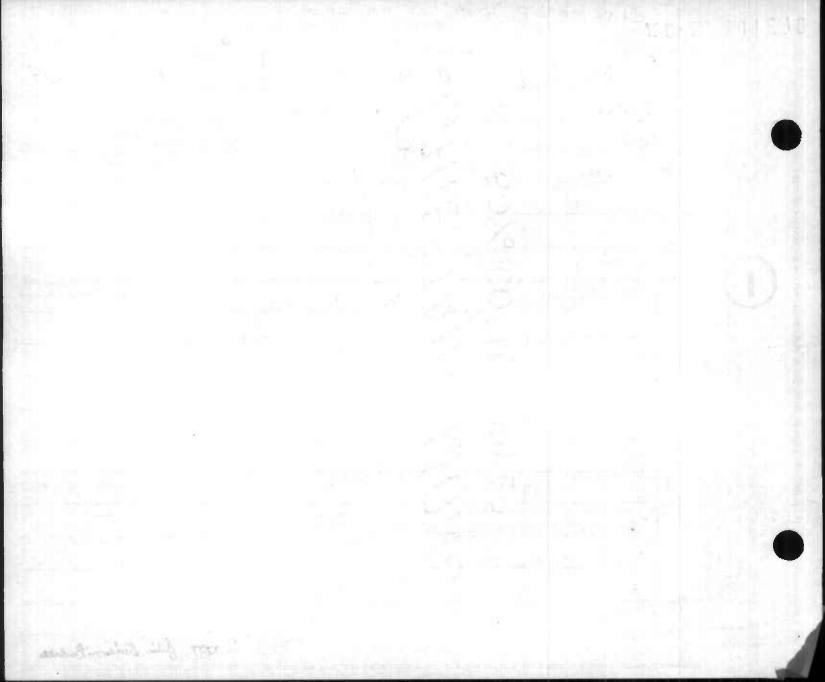
2a. DATE OF DEATH

MONTH

26 HOUR

IF UNDER 21 HPS

IF UNDER TYEAR



040	088.	AN	FOR SPATE 7 REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE 8 ZG.	٧٥. ٥	i dej	0 8
lage 4 may be	ours ofter death	3 SE	Male	ARACE 3/0	NODE CK	S. DATE OF	daet	20 DATE OF DEATH  6 AGE (IN YEARS LAST B	IRTHDAY)	ST IF UNDER 1 YEAR NONTHS DAYS	3 5 P
ours ofter death. P		10 C	RIMPLACE (STATE OR FOREIGN COUNTY)  Virginia  TY OR TOWN OF DEATH  AL RESIDENCE (IF NURSING NOME OF	II. NAME OF	HEACHITY GIVE STREET	WIDOWED IG HOME OF ADDRESS) TE Nur	DIVORCED DIVORCED COTHER INSTITUTION  S. HOME	9 BALTIMORE CITY  BALTIO  120 USUAL OCCUPAT  (TYPE OF WORK FOR MOST	nove	City 1126 KIND OI	MI F BUSINESS OR
2 7	And 2 should b	130. S	THER'S NAME FIRST	MIDDLE	Ba H. M.	"ore	13d INSIDE CITY LIMITS? YES M NO   15. MOTHER'S MAIDEN N FIRST	MIDDLE	afayet	te Ave	
be execu	s. Page e medica		VAS DECEASED EVER IN U.S. A res no or unknown) (16 yes g Unkn.	RMED FORCES?  IVE WAR OR DATES)	30-18.		Ms. Odell	113 Skipwid		rmelre	
es that the death certifica	please memorial proprietarios.		PART I. DEATH WAS CAUS IMMEDIA  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, O  DUE TO, O  DUE TO, O	Cardia R AS A CONSEQUE R AS A CONSEQUE	NCE OF		farction MINAL DISEASE OR COM	ADITION GIVI		AATE INTERVAL NSET AND DEATH
he law requir on. hos been sig	t permit. Then ene prior to b ows ony injury	CERTIFICATION	19a DATE OF OPERATION		ITION FOR WHICH			200 AUTOPSY?	206 IF YES	WERE FINDIN	GS USED
G PHYSICIAN: Tottending physicier this certificate	the burial-transit and Mental Hygie ked or Hem 18 sha	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 214. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	ATH HOUR A. R) P. 21e PLACE	m, month da m,	Y YEAR 19	216 HOW INJURY OCCU 216 LOCATION STREET		URY IN ITEM 18 PA		STATE
AL OR ATTENDING the hospital or a	detached for use as ate Dept. of Health T: If them 21 is mort	A STATE SHOW	220.1 certify that (I) (this hasp saw the deceased alive a abave, (I) (we) (did) (did n 22b SIGNATUR		198		that in (my) (aur) apinia EGREE ATTENDING PHYSICIAN	n death occurred an the c	AFF _ /		
ro Hospii etoined by TO FUNER,	should be d with the Sta	22	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	ixon, K	DI	22e ADDRESS	adway S	uite.	201	-

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

Anatomy Board

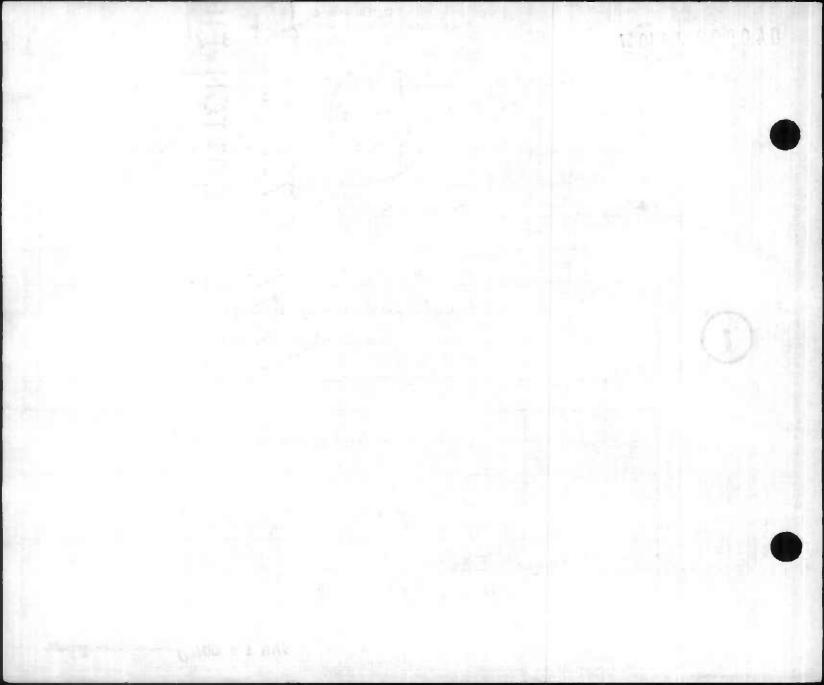
236 DATE 1-2-87

230 BURIAL, CREMATION, REMOVAL

Removal

Balto., Md.

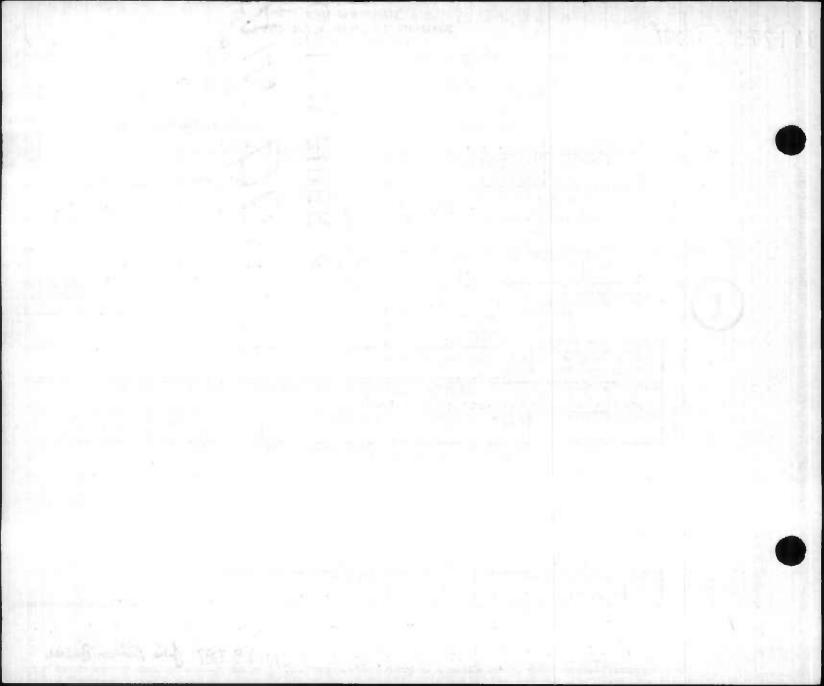
230 NAME OF CEMETERY OR CREMATORY



#### STATE OF MARYLAND

	8	REG.N	10.	0	1	tion of	0	9
7.0	OF F	F 4 74.1		DAN	WF - 0	La		

273JAN2	ე18	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HYG	IENE 8 RES.TN	. 0	1	409
m r		CEASED NAME FIR	151		MIDDLE	ı	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
moy be poge 3 er deoth			TOHN				MIERISCH	JANUAR	Y 13	1987	7:40PM
r. pog	3. SE		4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
oge 4		Male		Whi-		12	21 1900	86	YRS		
deoth. Poge inneral direct hin 72 hours	9	RTHPLACE ISTATE OR FOREK COUNTRY) CEMANY	3N 7b	U.S	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	Baltimore City of Baltimore	_	F DEATH	MD.
the for	10 CI	TY OR TOWN OF DEATH	111	NAME OF HOSPITAL, NURSING HOME OR OTHER IN JIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			PROTHER INSTITUTION	120 USUAL OCCUPAT	ION OF WORKING LIFE]	INDUSTRY	OF BUSINESS OR
Se yell AF		ILTIMOTE AL RESIDENCE (IF NURSING)	IOME OF OT		ind Genera		spital	Longshorem	an.	Ship	ping
filled in must be	13e. S		COUNTY		Baltimor	'N	13d INSIDE CITY LIMITS? YES INO [	515 S. Rob	ZIP CODE	Street	21224
ond 2 st	14. FA	THER'S NAME FIRST Unknown	AIC	DDIE	LAST		15. MOTHER'S MAIDEN NAME FIRST Unk	MIDDLE MIDDLE		LAS	ST .
n ond on Pogesi		VAS DECEASED EVER IN L YES. NO OR UNKNOWN) (1F		ED FORCES? WAR OR DATES}	216-14-		Mrs. Gertie	E. Mierisch Balt	imore,	Md. 2	inson St.
ingertryicote be possible de la companie de la comp		18 CAUSE OF DEATH (E PART I. DEATH WAS O		one couse per BY: CAUSE (o)	line for (o), (b), on	Arres	s+	· J. 1			ONSET AND DEATH
that the death ce d by the attendin lease remove cop iol, cremation, fro		Conditions, if ony, wh gove rise to immedi couse (o), stoting underlying couse li	ote the	DUE TO, OR AS A CONSEQUENCE OF  (b) Congestive heart failure  DUE TO, OR AS A CONSEQUENCE OF  (c) (c)							
gne born ry,	7						NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	IN PART to	0,
e low require.	CERTIFICATION	Arteriosles 190 Date Of OPERATION		Cardiovascular Disease 196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? YES NOKK			NGS USED S OF DEATH?	
SICIAN: The ng physicio certificate I unial-transit tem 18 sha		210. ACCIDENT WAS UNDERLYING					21c. HOW INJURY OCCURR				
ING PHYS r offending After this cost the bur th and Me orked or It	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO		COUNTY	STATE
attenblic spitol or CTOR: At I for use of . of Healt		22a I certify that (IK(this sow the deceased a above, (IK(we) (did)	hospitol	l) ottended th <i>Januar</i> view the body	e deceased from <u>J</u> ' <u>Y 13</u> 19 ofter deoth.	Decemb 87_, or	oer 12 , 19 86 at that in (m) (our) opinion (	to <i>Januar</i> deoth occurred on the d	ote and hour	87, and from the	that (K (we) lost
Y the ho y the ho RAL DIRE detoched tote Dept		276. SIGNATURE	d	Sm	alon t	up_	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		1/15	SIGNED
CO HOSPITA etoined by TO FUNER should be d with the Sto		FUAT	>	SH1	IMAB,	MO		and Genera	Hospi	tal	():
BP		SURIAL, CREMATION, REM SPECERY Burial		23b. DATE 1-16-8	87 Ce	dar H	emetery or crematory ill Cemetery	Baltimor		timore	Mď.
DHMH - 16 60M 7/84 (VRA 15, 4)	A F	nn S. Matthe 3021 Easter	ws, l n Áv	Matther enue.	ws Funera Baltimore	l Hom	e 21224 JA	N 16 1987	4 . 4	AR'S SIGNAT	Radata



				STATE OF MARYLAND		
3 7 JAN 23	<b>\$</b> 7	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	BIENE 8 LEG. NO.	0 1 4 1 0
	LDE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
2.5		LAWRE	ENCE FRANCIS	MIT AND TO	/	211 00 1120
op.	1.56		I RACE	MILAN, JR.  Is date of birth	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	1.70	7500	1 KACL	MONTH DAY YEAR	0. AOE (11 to 110 to 11	MONTHS DAYS HOURS MIN,
79	/	MALE	WHITE	8: 15 16	70 //	RS
5-9/12	16	MITTLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	1NTY OF DEATH
5	_	Maryland	U.S.A.	WIDOWED DIVORCED	DA140., C	144 MD.
41	2	Balto.	St. Agnes Ho		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  Engineer	NG LIFE) INDUSTRY Sperry  Marine Corp.
135		AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION VIVE RESIDENCE BEFORE	E ADMISSION)	13e STREET ADDRESS / ZIP C	
20	1	Maryland Bal	ltimore Arbutus		-5222 Dewitt 1	
or insu		THER'S NAME		15. MOTHER'S MAIDEN NA		
10X	U	Lawrence	F. Milan,	Sr. Katherin		Rosasco
8 4		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		ADDRESS	NOSasco
12	-	YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)	0201 's Marry D. M&3	F222 P	D3 01007
G.	=	Dailly	212-18-		an 5222 Dewitt	PRO 21227  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUS	only ane cause per line far (a), (b), an	111 . 1 1 1 2		- 1
# 1 P		IMMEDIA	ATE CAUSE (a) Nothered A	boominal Horhe Aneur	y s ch	3 hrs
* ]			DUE TO, OR AS A CONSEQUE	ENCE OF		
200		Conditions, if any, which	(b)	***		
120		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
9 6		anderlying coose lost.	(c)			
ury.	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
1	CERTIFICATION					
4 5 /	15	19 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. II	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
	I E	1/24/87	Ruphred Abdomina		YES NO	YES NO
主动	1000	OR CONTRIBUTING CAUSE OF D	216 TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 21c. HOW MUJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	N 18 PART   OR PART 2)
17	S	(IF EITHER NOTIFY MEDICAL EXAMIN	CAIN	19	b .	
17	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	211 LOCATION	CITY OR TOWN	COUNTY STATE
N P	2	NOT WHILE	(AT HOME, STREET, PACTORT, OFFICE P	ARM, ETC)		
100			pital) attended the deceased fram_	1/24 19 67		14. 19 52, that (1) (we) last
11		saw the deceased alive a	1/24 19	67 , and that in (my) (our) opinian	death accurred an the date and	haur and from the causes stated
5 E		obave, (I) (we) (did) (did r	nat) view the bady after death	DEGREE		226. DATE SIGNED
0 =		1/4/3	+ 1/1/1/L	ATTENDING	MEDICAL STAFF	1/25/10
1 37	1	THE PHYSICHAN'S NAME (TYPE	CO PRINT)	PHYSICIAN [	DIRECTOR PHYSICIAN	1/23/8/
0 to 10		Robert	1)10/100-	4. 10	1 11	11011
9 3	-	1100001	Verimon,	m) >4.	1777e1 1101	Pikel, bulhnore
		BURIAL, CREMATION, REMOVA SPECIFY)	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

Burial 1/28/87 New Cathedral (
PARENTAL DIRECTOR
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

23c. NAME OF CEMETERY OR CREMATORY

23d TOCATION CITY OR TOWN

COUNTY

New Cathedral Cemetery Baltimore Maryland
250. DATE REC'D. BY REGISTRAR'S SIGNATURE

Courtered Pressure

and completely filled in by the funeral director, page 3 Pages 1 and 2 should be filed within 72 hours after deafth.

04 0

STATE OF N	ARYLAND
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8 / 0 4 4
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1 - STATE REGIST				CERTIF	EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 /	0 1	4
I DECEASED	rence Wa		MIDDLE	L	AST	20 DATE OF DEATH		26. HOUR 730
Cla	rence Wa	ashingto	on Mile	s Sr.		1/11/87	7	130
3. SEX		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER TY	
Ma	le.	Blac	ck	MONTH	9 1 1 9 P	68	YRS.	ITS HOURS
	E ESTATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTR	RY? 8.	BENEVER MARRIED	9 BALTIMORE CITY O		
NIC	. •		U.S.	WIDOWE	all do	Balto.	City	
10. CITY OR TO	OWN OF DEATH			SING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATION		D OF BUSINES
Balto	. City	402	Edsdale	Rd.		Steelwork Steelwork	ker INDUST	KT
USUAL RESID	ENCE (IF NURSING HON	AE OR OTHER INSTITUTIO	13c CITY OR TO		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	7IP CODE	- 1-
Md.	***************************************		Balto	Cit	YES D NO		lale Rd 4	2/20
14 FATHER'S	NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN NA	AME		1457
Geor			(ASI		Anna Savo	y widdle		LAST
160 WAS DEC	EASED EVER IN U.S	ARMED FORCES			17 INFORMANT	ADDRE		
(YES, NO OR	(IF YE	S. GIVE WAR OR DATES)	215-07	-1863	Viola John	son 3403 V	. Frankl	in St.
18 CA1	ISE OF DEATH (Ente	er only one cause n	er line far Lat. (b).	and (c).)			APP	ROXMATE INTERV
PAR	T I. DEATH WAS CA	USED BY: DIATE CAUSE (0)_	Vin	ninata	1111-01/1111	0		
under	(a), stating the ying cause last	(c)_	OR AS A CONSEC			0 0		
	OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	DITION GIVEN IN PART	110
CERTIFICATION 19a DAT	E OF OPERATION	19b. CON	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAUS	
00.001	TIDENT WAS UNDERLYING TRIBUTING CAUSE O TER, NOTIFY MEDICAL EXAM	F DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I OR PART	2)
#	URY OCCURRED		E OF INJURY	CE FARM FIC )	211 LOCATION STREET	CITY OR TO	wn COUNTY	51A
AT WORK	NOT WHILE	,	J. FACTOR OFF		1			
	ertify that (1) (this h				10en 19.86	, to Tank	19 87	_, that (1) (we
sov	v the deceased alive	d nat) view the hor	mpca 19	80, an	d that in (my) (aur) opinion	death accurred on the do	te and hour and fram	the causes state
	NATURE ///	Ramak	Pin D	2	ATTENDING PHYSICIAN	MEDICAL STAR	E 0	TE SIGNED
224. PH	MOHAM	90 0/1	1486-1	N	22e. ADDRESS 225	Greene ST	net Bell	t, moz
23a BURIAL, (	REMATION, REMO			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STA
(SPECIFY)	Burial	7/7/	+/87	0 - 3	*** 7 7		COUNTY	AIF
	Durtal	- 1/1	1/0/	Cedar	HJTT	Balto.	Md.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please removed the State Dept. of Health and Mental Hygiene prior to burial, demains the contraction of the state of the contraction of the contractio

Nancy Wallace 3405 W. Franklin St.



3AN 12 1887 July 1524

FOR

STATE OF MARYLANE	)
DEPARTMENT OF HEALTH AND MEN	HTAL HYGIENI
CERTIFICATE OF DEA	TH

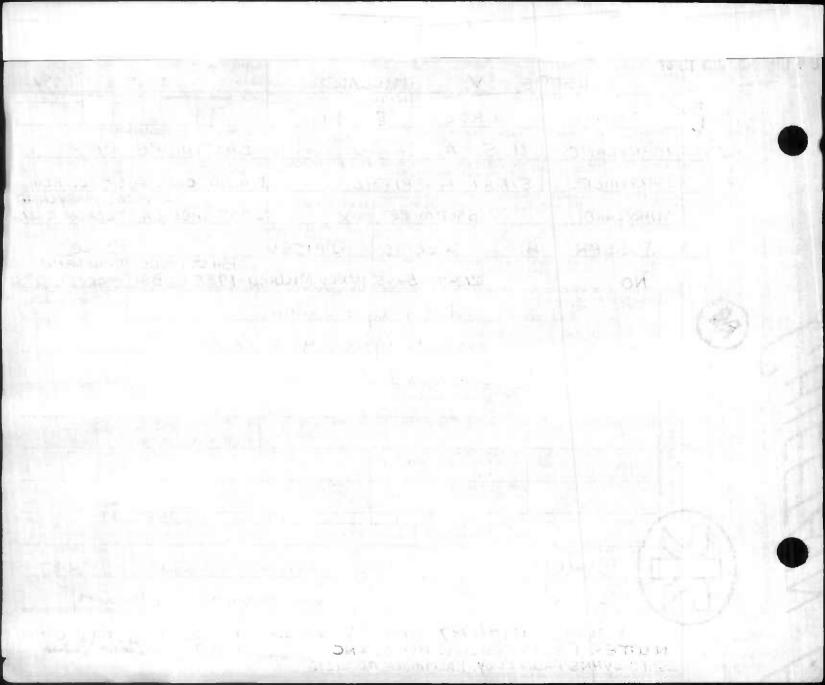
8 / 0 1

- STA	SISTRAR				CERTI	IFICAT	E OF DEATH		REG. NO.			, ,		
	CEASED NAME	FIRST		MIDDLE		(	AST	20. DAT	E OF DEATH	MONTH	OAY	YEAR	26 HO	UR
11Ab	PE OR PRINT)	WETT	IE	V,		MIL	LARD	1	•	1	14	87	7.5	JAM
3. St	X _		4. RACE	_	5	DATE C		6 AGE	( IN YEARS LAST BI	RTHDAY)	MONTH	DER I YEAR	HOURS	R 24 HRS
	TEM	ALE	1	BLACK		MONTH	11909		77	YRS		DATS	HOURS	WIN.
7a. 8	SIRTHPLACE (ST.	ATE OR FOREIGN	7b. CITIZEN	OF WHAT CO	OUNTRY? 8	ALA DOUG	D NEVER MARRIED	9. BALT	IMORE CITY	OR COUN	ITY OF D	EATH		
1	MARYLI	AND	u,	S. A	1,	WIDOWE		B	ALTII	MOR	E	CIT	Y	MD.
	ITY OR TOWN C		11. NAME		L, NURSING	HOME	OR OTHER INSTITUTION		JAL OCCUPAT			L KIND O	F BUSIN	ESS OR
E	BALTIM	DRE	5/1	JA /	HOSF		9L		ESTIC-Q				EC. A	DM,
USL		IF NURSING HOME OR			ENCE BEFORE AD		A 124 INICIDE CITY I MAITCE	4	EET ADDRESS	RAIT				
	1 ARY LA		117	BAL	TIMO	ee	YES NO T	27		ELSE		-		
_	ATHER'S NAME						15. MOTHER'S MAIDEN NA	AME						
	JOSE		AIDDLE	- 6	NEEL	ns	DAISE	V	MIDDLE			COL	E	
	WAS DECEASED	EVER IN U.S. AR		ES? 166. SO	CIAL SECURI		17 INFORMANT		BACT	THOR	E, m	1ARY	LAN	ID
100	YES, NO OR UNKNOW	VN) (IF YES, GIV	E WAR OR DA	212-	30-5	445	HARRY MILL	ARD	1735	E. B	ALTI	MOR	CST.	212
		DEATH (Enter on	ly one cour	e ner line for t									IMATE INTE	
	PART I. DE	DEATH (Enter on ATH WAS CAUSE			'ar E	- HEA	mir failure	P.				0.000	And all And	
		IMMEDIAT	E CAUSE (	0)	work !		40000	×					-	
	1000		DUE T	O, OR AS A C	ONSEQUEN			00	100		K.			
	Conditions, if		-	b) can	accina	, 40	peis / Ugi-	- MU	(44)			-	-	
	gove rise to		DUET	O, OR AS A C	ONSFOLIEN	CEOE	( 0							
	underlying	couse lost.	1		ltrole		uliti CRF							
	PART 2. OTHE	RSIGNIFICANT	ONDITIO				NOT RELATED TO THE TERM	MINAL DIS	SEASE OR COM	VDITION (	GIVEN IN	PART 10	0 '	
Z														
1 E	19a. DATE OF C	PERATION	19b. C	ONDITION FO	R WHICH O	PERATIO	N WAS PERFORMED	20a	AUTOPSY?	20b. IF	YES, WEI	RE FINDIN	NGS USE	D
E	1000							YES	NON NOT	IN CER	YES T	CAUSES	OF DEA	
CERTIFICATION	21a. ACCIDENT W	AS UNDERLYING		ME OF INJURY			21c. HOW INJURY OCCUP		ER NATURE OF INJ	URY IN ITEM		OR PART 2)		
		G CAUSE OF DEA	in l	IR A.M. MO	NTH DAY									
Š	21d INJURY OF	FY MEDICAL EXAMINER		P.M. ACE OF INJUI	DV.	19	21f. LOCATION							
MEDICAL		NOT WHILE	(AT HO	ME. STREET, FACTO	DRY, OFFICE, FAR	M, ETC )	STREET		CITY OR I	OWN	C	OUNTY		STATE
-	AT WORK	AT WORK					1	4				01		
		not (I) (this hospi				7	19_0	, to	1 1	17	_, 19	<u> </u>	thos (I)	(we) lost
16	obove (1)	eceosed alive on (we) did (did no	) view the	body ofter dec	oth.		nd that in (my) (our) apinion	death oc	curred on the	lote and h			100	
10	226. SIGNATUI	RE - OD			1011		DEGREE	11				22c. DATE		
	1	relie	0			17	D. ATTENDING	MEDI	TOR PHYS	CIAN		(.	14.8	37
	22d. PHYSICIAN	N'S NAME (TYPE	PRINT)				22e. ADDRESS							
	TR	EDVI	>				Sinai	Hear	ntal	Re	eti	mor	1	
23a.	BURIAL CREMA	TION, REMOVAL	23b. DA	TF A	23c NA	ME OF C	EMETERY OR CREMATORY		OCATION					
	(SPECIFY)	1010)	11/1	7/198			of eternal ho		CITY OR TOWN	BILL	COU	MA	DVI	STATE
24.1	MENTRE	R + 501	MSF	UNERA	*				RY MODIRA	RI24 REC	ISTANDA	AIGNA	LOP A	100
								AMA	0 190/	0	- Clear		Comment.	
1	SOI GWY	HAI SUM	اديل	vanh' RI	ALI IM	SKELL	MD. 21216							

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

should be detached for use as the burial transit with the State Dept. of Health and Mental Hyge WAPORTANT. If them 21 is marked at them 18 sho



page 3

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	1	play.	1	
	REG. NO.					_

	97	STATE REGISTRAR				CERTIF	ICATE OF DEAT	H	3	REG. NO	).	-	1	3
1		OR PRINT)	Berna	dette'	J. Mill	er	AST		20 DATE O	FDEATH A	HINOM	DAY YEAR	2h HOU	JR .
ı				TTE LIL							7,19		222	
1	3 SEX	Female	4	Caticas	sian	5. DATE C	DAY Y	EAR	6 AGE (IN	YEARS LAST BIST	3°AY)	MONTHS DAY		MIN.
1	4	temale		u	) ,		12 27 -	23	0-4	43	YRS.			
1		RTHPLACE (STATE OR FO			WHAT COUNTRY?	8 MARRIEI	NEVER MARR	IED X			_	Y OF DEATH		
1	l	New Jerse	ЭУ	USA		WIDOWE			Balt	timore	e Ci	U		MD.
4		TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		R OTHER INSTITUTI	ON		OCCUPATION OF THE PROPERTY OF		126 KIND INDUSTR	OF BUSINE	ESS OR
4	Nº	altimore		St Agr	nes Hosp	ıtal				nemake				
4	130. S	AL RESIDENCE (IF NURSI TATE MD	Balt	imore	Catonsv	ille	13d INSIDE CITY LIV	MITS?	13 STREET	ADDRESS /	zip cod od A	venue	2122	28
4	LLEA	THER'S NAME		IDDLE	LAST		15. MOTHER'S MAI	DENNAM	ΛE	MIDDLE			457	
Ø	1:	Joseph		J.	Mill	er	Marie			MIDDLE		Test	on	
1	160, W	AS DECEASED EVER	IN U.S. ARA	ED FORCES?	16h SOCIAL SECU		17 INFORMANT							
10	T	AS DECEASED EVER	N/A	WAR OR DATES)	212-18-	4559	Charles	G.	Boor	rts 18	341	Chopt	ank F	Rd.
1		18 CAUSE OF DEATH	H (Enter only	one couse per	line far (a), (b), and	licul						APPRO	XIMATE INTER	RVAL
1		PART I. DEATH W	AS CAUSED	BY:	Pardiovaso	/	Failure	. 15						
1					R AS A CONSEQUE	NCE OF					7			
1		Canditions, if any,		( (b) A	Un Hile	Over	an Failur	٠.						
1		gave rise to imm couse (a), stating		DUE TO O	R AS A CONSEQUE	NCE OF	1							
1		underlying cause	lost.		Sepsis fr	in De	wated de	worm	in wit	L Muthi	pleabse	rests.		
		PART 2. OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEAS	E OR COND	ITION GI	VEN IN PART	(a)	
	CERTIFICATION													
7	CAT	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUT	OPSY?	20b. IF YE	S, WERE FIND	INGS USER	D IH?
-	TIF	12-17-84		Perto		odena		179	YES 🗌	NOM	YE	ES 🗌	NO [	
-	-	210 ACCIDENT WAS UND		21b. TIME O		Y YEAR	21c HOW INJURY	OCCURR	ED (ENTERN	ATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)		
1	CAL	(IF EITHER NOTIFY MEDIC		P.,		19								
	MEDICAL	21d INJURY OCCURR		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM. ETC.)	211 LOCATION			CITY OR TOW	VN	COUNTY	s	STATE
1	~	AT WORK NOT WH	K .						24					
1	-	220 I certify that (1)(				1= 17	. 19	86		-17		19. 87	, that (I)	we last
1		saw the decease abave, (I) we	d alive an_ lid (did not	view the bady	after death.	2, or	d that in (my)(our)	apinian d	leath accurr	ed an the do	te and ho	ur and from th	e causes sta	ated
1		226. SIGNATURE		/			DEGREE			STAF	-	22c DA1	ESIGNED	
		B-W.			(ul)		MD, ATTEN		MEDICAL DIRECTOR	STAF		1-	17-8	7.
		22d/PHYSICIAN'S NA	AME (TYPE OR	PRINT)			22e ADDRESS		1					
		KEN W.	CRA	SFEED,	M.D.		900 Cato	n Ave	c, Ba	16, A	10.	212	79	
	23o. B	URIAL, CREMATION,	REMOVAL	23b. DATE	The second second second	IAME OF C	EMETERY OR CREM	ATORY	23d LOC	ATION		COUNTY		STATE
	(:	Burial		01-2	0-87 Ne	w Ca	thedral	Cem.		timor	ce (	City	MD	
	24. FU	INERAL DIRECTOR			ADDRESS			250 DATE	REC'D. BY	REGISTRAR	25h. REGIS	TRAR'S SIGN	TURE	7.6
	Ma	ac Nabb Fu	ınera	1 Home	e, Cator	svil	le, MD	JAN	201	30!	latter)	- 100		7

DHMH - 16 60M 7/84

(VRA 15, 4)

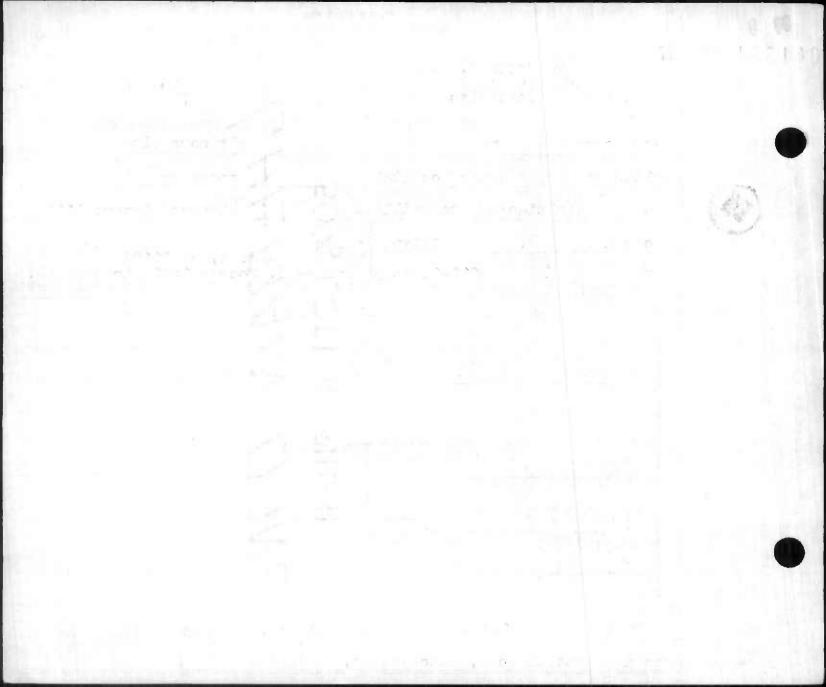
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove corbangapers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the media

OR ATTENDING PHYSICIAN: The low requires that the death

attending physician

TO HOSPITAL OR ATTENDIN

BP.



death

3. SEX

Male

TO BIRTHPLACE (STATE OR FOREIGN

Maryland

10 CITY OR TOWN OF DEATH

Maryland

(YES, NO OR UNKNOWN)

4. FATHER'S NAME

Baltimore

James S. Miller

Canditians, if any, which gove rise to immediate cause (a), stoting the

underlying couse

190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING TO CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

sow the deceosed alive an

226. PHYSICIAN'S NAME (TYPE OR PRINT)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

	S	T	A	TE	0F	M	A
DEPARTMENT	[	0	F	HE	AL	TH	A

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTIO

5915 SULLECHY RETURN Blvd.

Baltimore

166 SOCIAL SECURITY NO

212-05-474]

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

MONTH DAY YEAR

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

(AT HOME STREET, FACTORY OFFICE, FARM ETC.)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE

216. TIME OF INJURY

P.M. 21e PLACE OF INJURY

HOUR A.M.

RYLAND ND MENTA CERTIFICATE OF DEATH

Sept. 19,1909 YEA

MARRIED NEVER MARRIED

136. INSIDE CITY LIMI YESXX

15 MOTHER'S MAIDE

C. Virgini

21c. HOW INJURY O

211. LOCATION

ond that in (my) (aur) ap

22e ADDRESS

5601 Lock

ATTENDI

17. INFORMANT

NO [

ARST 1

L HYG	IENE 8	REG. N	0	1	ilm.	!	4
	20. DATE C	F DEATH	MONTH	DAY	YEAR	26 HO	UR
	JA	NUARY	10,1	987			М
3	6 AGE (IN	YEARS LAST BU	YRS.	MONTHS	BAYS	IF UNDE	R 24 HRS
	_	ore city of literations of the city of the	re Ci		ATH	N	MD.
7	TYPE OF THE	OCCUPAT ORK FOR MOST O	ION DEWORKING LIE	FE) 126 INC	KIND O USIRY	& E	
15?		15 ES	ch Ra	ven	Blv	d. 2	1239
nnan 1ay	stock	dáïe			LAS	ī	
N	(: 11 0~	ADDR					
la M	Miller		Same		4 BDB/SV		
00	arce	ma	1	- 9	APPROXI	DNSET AN	DOEATH
		المتحادث	3				
TERM	NAL DISEA	SE OR CON	DITION GIV	EN IN I	PART 1:c	1	
	200 AUT	NO Q	20b. IF YES IN CERTIF	FYING			
CCURR	ED (ENTERN	ALURE OF INJU	RY IN ITEM IB	PARTIOR	PART 2)	Ţ	
		CITY OR TO	NWN	со	UNTY		STATE
36	, to		110	19	7.	that (i) (	we) last
inian a	leath occurr	ed on the d	ate and hou				ated
NG AN	MEDICAL			22	DATE	1 -	7
n Ra	ven B	lvd.	Balti	Lmor	e. M	ſd.	
	T236 LOC				-,		

STATE REGISTRAR DECEASED NAME LASI JAMES DONALD MILLER

76 CITIZEN OF WHAT COUNTRY?

4. RACE

White

USA

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFBurial BP

226 SIGNATURE

Jan. 13,1987

231 NAME OF CEMETERY OR CREMATO Gardens of Faith

DEGREE

CITY OR TOWN Overlea,

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT.

CERTIFICATION

MEDICAL

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

Davis Hahn, M.D.

220.1 certify that (1) (this haspital) attended the decepsed from

abave, (1) (we) (did) (did not) view the body after debth

6500 York Rd 250 DATE REC'D.

1001 20140

The state of the s

5 5

may be

rely filled in by the funeral director, page 3 2 should be filed within 72 hours ofter death

physician and co an papers. Pages

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

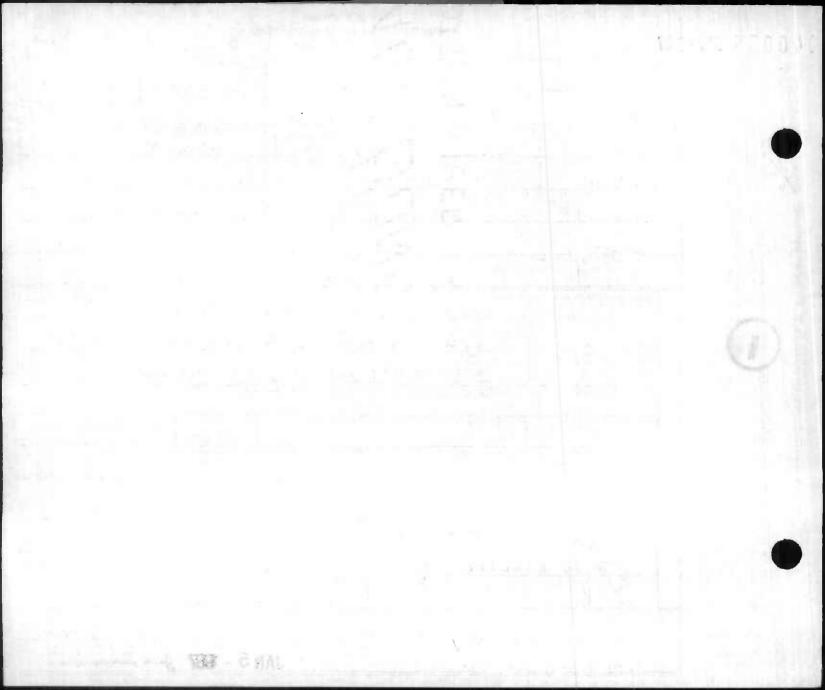
3	REG. NO.	0	1	دي	1	
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07	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG IFICATE OF DEATH	B / REG. NO.	)   4
	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOL
(TYPE	E OR PRINT) JESSI	т о	M	ILLER	1	3 87 3:00
3. SE.		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDE
			MOM	TH DAY YEAR	0.0	MONTHS DAYS HOURS
7. 01	Female  IRTHPLACE (STATE OR FOREIGN	White		12 27 98	88 YR	
70 D	COUNTRY)	76. CITIZEN OF WHAT	MARR	IED NEVER MARRIED	9 BALTIMORE CITY OR COUN	NIT OF DEATH
	Maryland	U.S.A.		VED DIVORCED	Baltimore C	
10. C	ITY OR TOWN OF DEATH		TAL, NURSING HOME ITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION  { TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY
	Baltimore	Meredian	Nursing H	Home .	Homemaker	
USU.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	R OTHER INSTITUTION, GIVE RE	SIDENCE BEFORE ADMISSION	1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	205
	arvland	The state of the s	ltimore	YES NO	235 Oaklee Vi	
	ATHER'S NAME			15 MOTHER'S MAIDEN NA		1.1490 21225
	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST
14- 1	Jasper WAS DECEASED EVER IN U.S. AI	R.	OCIAL SECURITY NO.		D. ADDRESS	Ludwi
		VE WAR OR DATES)	OCIAL SECURITY NO.	III INFORMANT	ADDRESS	
	NO 219		219-10-5450	10-5450 Nancy M. Fromm 4909 Briarcliff Rd. 212		
		0 /	10 10	1	0 0	- / / / / /
IFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION	CONDITIONS CONTRI		y suboli,	IN CER	GIVEN IN PART 110  YES, WERE FINDINGS USE RTIFYING CAUSES OF DEA
ERTIFICATION	gove rise to immediate couse (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION	CONDITIONS CONTRIL	BUTING TO DEATH BI	TY RUBOLS, JI NOT RELATED TO THE TERM	200 AUTOPSY? 200. IF IN CER	GIVEN IN PART 110  YES, WERE FINDINGS USE RTIFYING CAUSES OF DEA YES NO [
CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	19b. CONDITION  19b. CONDITION  21b. TIME OF INJU- ATH HOUR A.M. A	BUTING TO DEATH BI	TON WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY? 20b. IF IN CER	GIVEN IN PART 110  YES, WERE FINDINGS USE RTIFYING CAUSES OF DEA YES NO [
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DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the client physicis should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.



421	4 5 JAN 20	1 - 87	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	0			1 6
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.		

10	REGISTRAR		C21(111)	ICATE OF DEATH	REG. N	0.		
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DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

etained by the hospital or

BP.

24 FUNERAL DIRECTOR

74 FUNERAL DIRECTOR

NAME
Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

Johnstown, Cambria, Pennsylvani

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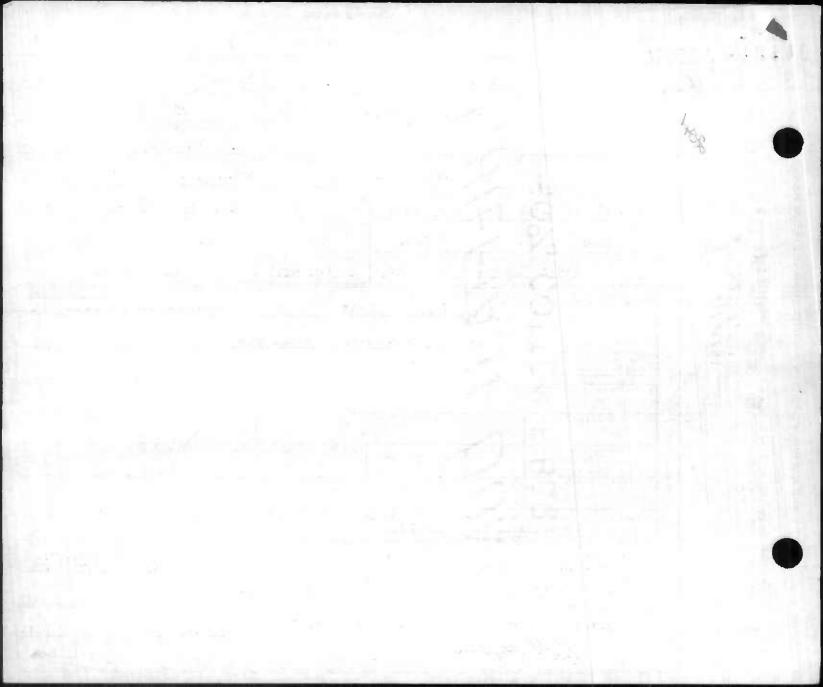
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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-	REG. NO.		-			

1	O O TEODORAK				REG. NO.		
	DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
2	PAUL PAUL	EMORY	MILLE	R, Sr.	JANUARY 21, 1	987	2:12A M
	SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Male	White			72 <sub>YR</sub>	MONTHS DAYS	HOURS MIN.
AL.	BIRMPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	RY? 8	T MEYER WARRIED [	9 BALTIMORE CITY OR COU	NTY OF DEATH	
1	Maryland	USA	WIDOWE		BALTIMORE CIT		MD.
	BALTIMORE	THE JOHNS HOP	KINS HO		USUAL OCCUPATION USE OF WORK FOR MOST OF WORKIN Sgt. Musician.	IZE KIND C INDUSTRY US A	rmy (RET)
400	3a STATE NIL COU	I DI LE INSTITUTION, GIVE RESIDENCE BEI NIV   13t, CITY OR TO George	NWC	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	Box 67	21930
T	FATHER'S NAME Clarence	B. Mil	ller	15 MOTHER'S MAIDEN NA/ Dora	ME Note	Naŷ	lor
2	(YES. NO OR UNKNOWN) WWII/	WE WAR OR DATEST	7.7481	NIFORMANT (Wif Ruth C. Mill		e as #13	
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	S. A. CA	ZARUM		Johns	Hopkins Hosp.		
	30. BURIAL, CREMATION, REMOVA (SPECIFY) Burial			re Nat'1 Cem.	23d. LOCATION CITY OR TOWN  Baltimore Cit		state Marvlai
- 11	Singleton Funeral	1 Home Glen Bu	rnie, N	Maryland 1250 DAT		GISTRAR'S SIGNA	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



#### STATE OF MARYLAND

1	1.	FOR STATE		DEPARTM		REALTH AND MENTAL HYG	IENE	0 1	1	1 0
П	18	REGISTRAR			CERTIF	FICATE OF DEATH	S REG. NO	0 0 1	12	2:05 A.
1		CEASED NAME FIRST	,	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY		HOUR
1	11116	Ruth	4		Mille	0	01/06	8/80	0	1005
1	3 SEX	4.	RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER		INDER 24 HRS.
1		Frus 10	Wh.	Ze.	MONTH 13	/ / G / O	76	YRS	DAYS	URS MIN.
İ			CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY O	1110	ATH	
5	C	MARYLAND	US.	A	WIDOWE	D NEVER MARRIED DIVORCED	City B.	ALTO.		MD.
J	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATE		KIND OF BU	SINESS OR
	B	altimore	51	nai	TO THE STATE OF		HOUSEWIFE		AT HOM	1E
J	13a. S	AL RESIDENCE (IF NURSING HOME OR OT					LA CERCET APPRECE	ZID CODE	#	21215
V		M )	XZ	Ba / f	Ďi	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	APC 1554	1	110
1	14. FA	THER'S NAME	• /	20017		15. MOTHER'S MAIDEN NAM		1. 61300	. ) . , .	
4	)	AARON	D	UNN		BESSIE	MIDDLE	D	UBOIS	
1		AS DECEASED EVER IN U.S. ARME		166. SOCIAL SECU	RITY NO.	17 INFORMANT M	ISS ANITAPRE	AS MILLER		
1		ES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES	215-48-	0219	5444 NARCI	SSUS AVE!	BALTO.	MD 2	21215
ŧ				line for (=) (b) one	l con i	1 7 4			APPROXIMATE ETWEEN ONSET	
ı		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		Aco a 4	Inne	1		81	ETWEEN ONSET	AND DEATH
1		IMMEDIATE	CAUSE (o)	KOP n	415,	/				
ı	-1		DUE TO, OF	AS A CONSEQUE	NCE OF					
1		Conditions, if ony, which gove rise to immediate	(b)	CVM						
ı		couse (o), stoting the	DUE TO, OF	R AS A CONSEQUE	NCE OF					
1		underlying couse lost.	(c)	Waldensi	Moon.	5				
I		PART 2. OTHER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN IN P	ART Ita	
	CERTIFICATION									
7	CAT	190 DATE OF OPERATION	196_CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE	FINDINGS	USED
1	Ē	Fab.Sig.					YES NO	IN CERTIFYING C		OEATH?
1	CER	210. ACCIDENT WAS UNDERLYING	216. TIME O			21c. HOW INJURY OCCURR				
1		OR CONTRIBUTING CAUSE OF DEATH		M. MONTH DA						
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P./ 21e PLACE (		19	21f LOCATION				
ı	ME	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, FA	ARM, ETC 1	STREET	CITY OR TO	WN COU	UNTY	STATE
1		220   certify that (I) (this haspital	) attended the	e decensed from		. 19	to	19	45-4	(I) (we) lost
١		sow the deceased alive an		19	or	nd that in (my) (aur) opinion d				
1		obove, (I) (we) (did) (did not) v	view the body	ofter death.		DEGREE			DATE SIGN	
1		1, 1		_		ATTENDING	MEDICAL STAF		DATESIGN	101
4		caug u	ny			PHYSICIAN [	DIRECTOR   PHYSIC		1/8/	86
1		THE PHYSICIAN'S NAME I THE ON H	and the			22e ADDRESS				
		Craig Curr	7			Singl H	65 P			
T		URIAL, CREMATION, REMOVAL	ASE DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION			
		SDECIEV)	JAN.9,			ESSETH ISRAEL	ANSHE SEAR	POSEDAL	P DATE	STATE
ŀ				N & BROS.	, TNC	250 DATE	REC'D. BY REGISTRAR			U. IID

DHMH - 16 60M 7/84

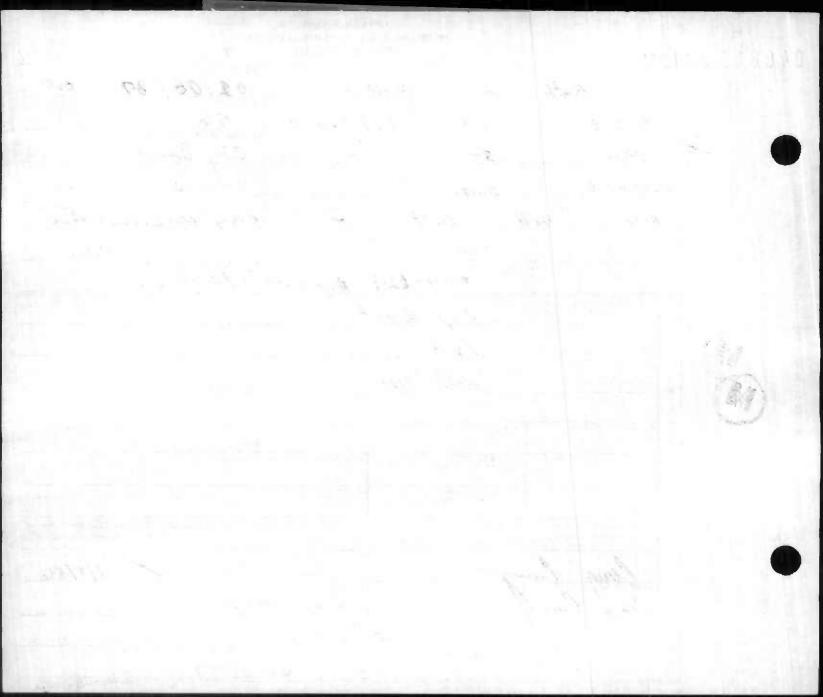
should be detached for use as the burial transit with the State Dept. of Health and Mental Hygis APORTANT, if them 21 is marked or them 18 sh

TO FUNERAL DIRECTOR.

and campletely filled in by the funeral director. page 3 ages 1 and 2 should be filed within 72 hours ofter death

r troumatic event, the medical

74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215 (VRA 15, 4)



FOR STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

8	REG. NO.	0	1	 23	-
				 _	

Julia Dividen Pradate

27	13.6								
6-1		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	20.110
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	3 SE		4 RACE	5. DATE (		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YE	
-	- f	emale	white	MONT	30-1908 YEAR	78		MONIHS DA	YS HOURS
5		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL			9. BALTIMORE CITY C	YRS	TV OF DEATH	
	Ra	Ito., MD	USA		PARATED  D M NEVER MARRIED				
5		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	WIDOWE		Baltimore			0.5.5.15.11
2			(IF NOT IN SUCH FACILITY, GI		. / O	TYPE OF WORK FOR MOST C		LIFE) INDUST	
2)		lto. City	/4	lercy Ho	Spital	Retired	<u> </u>	Durk	ee En
200		AL RESIDENCE (IF NURSING HOME OF		OR TOWN	1136 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP COI	DE	
E		MD	Balto	city .	YES 🔀 NO 🗌	124 W. Fran	nklin	Stree	t 212
NED NED	14_FA	THER'S NAME	MIDDLE L	LAST	15. MOTHER'S MAIDEN NA	ME			LAST
		MIchael		Lschmann	Josephin				£431
00		VAS DECEASED EVER IN U.S. AR		IAL SECURITY NO.	17. INFORMANT	ADDRI	ESS		
medico	()	(IF YES, GIV	/E WAR OR DATES) 212-0	01-9682	JOhn E. Mills	5, 5722 Pla	infie	1d Ave	21
e V		18 CAUSE OF DEATH (Enter or			Journ M. HILLE	, 5, 22 114			OXIMATE INTE
ent,	13	PART I. DEATH WAS CAUSE	TE CAUSE (o)	cute Tur	tracerebral	Hemorhan		BE I W	DALLC
						0			,
orner troomoric		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A COL						
njury, or omer troumoric	NO	gave rise to immediate cause (a), stating the	DUE TO, OR AS A COL	INSEQUENCE OF				IVEN IN PART	110
vs any injury, or other froumatic	FICATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COI  (c)  CONDITIONS CONTRIBUTE  Hype/fensio	INSEQUENCE OF	NOT RELATED TO THE TERM tory of Diabete		20b. IF Y	ES, WERE FIN	DINGS USE
shows any injury, or other froumatic	ERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT OF History of 190 DATE OF OPERATION	DUE TO, OR AS A COLOR  (c)  CONDITIONS CONTRIBUTION  Hype/fension  196. CONDITION FOR	INSEQUENCE OF	tory of Diabete	Mellitus 200 AUTOPSY? YES NOX	20b. IF Y	ES, WERE FIN IFYING CAU	DINGS USE SES OF DEA NO {
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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE **CERTIFICATE OF DEATH** REGISTRAR DECEASED NAME 2a DATE OF DEATH MONTH 26 HOUR IF UNDER I YEAR YEAR Th CITIZEN OF WHAT COUNTRY \* BALTIMORE CITY OR COUNTY OF DEATH MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION / 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 535 MI al 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME LAST MIDDLE ala line ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Char 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196. CONDITION FOR WHICH OPERATION WAS PERFORME 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

21e PLACE OF INJURY

211. LOCATION

214 INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram

CITY OR TOWN and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated

abave (1) Jwe) (did) (did nat) view the body after death

MO PHYSICIAN DIRECTOR \_ 17r. DATE SIGNED

COUNTY

(IF EITHER NOTIFY MEDICAL EXAMINER)

236 BURIAL CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY CEMT. MT. 210N

DEGREE

DHMH - 16 60M 7/84 (VRA 15, 4)

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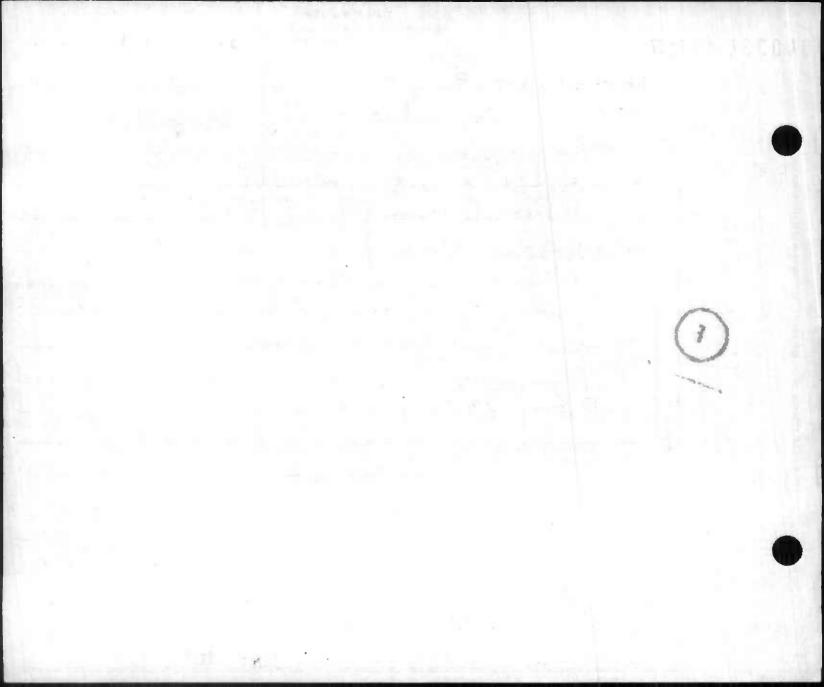
FUNERAL DIRECTOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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_	REG. NO.	

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4	REGISTRAR		CERTIF	ICATE OF DEATH	8 /REG. N	o. <b>U</b>	de l	6
ľ	DECEASED NAME FIRST	MIDDLE	į.	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
L	DAVIC		Mil	ZMAN	1-10 -	87		4pm
	3. SEX 4 RA		5. DATE C	o with the	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	
L	MALE	WHITE	03	-07-1908	78	YRS		
F	70. BIRTHPLACE (STATE OR FOREIGN 76 C	ITIZEN OF WHAT COUNTRY?	8 MARRIE	44	9 BALTIMORE CITY C BALTIMO	R COUNTY C	OF DEATH	The Contract of the Contract o
L	Kussia	U.3.	WIDOWE		BALTINC	RE CIT	Y	MD.
T		NAME OF HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
1	baltimore.	Levindale.			Shoe repa			HOES
T	USUAL RESIDENCE (IF NURSING HOME OR OTHER 138. STATE 136 COUNTY	RINSTITUTION, GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	1		
1	MARYLAND	BALTO.		YES X NO	3900 PARK		VE.	#21215
8	4 FATHER'S NAME FIRST MIDDLE	E LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		L	AST
1	ISAAC	MILZMAN		PEARL			KO	REN
1	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR		ITY NO.	17. INFORMANT DR.	MORTON RAP	OPORT	347	terverole
L	NO	212-34	7262	4Cuinod Bra	MAUR RDA	<b>UBALTO</b>	<b>MEGME</b>	h01212/10/5
I	18 CAUSE OF DEATH (Enter only one	e couse per line for (a), (b), and	(c+.)				BETWEEN	XIMATE INTERVAL
ı	PART I. DEATH WAS CAUSED BY:	7 A . 1 A . 2	· AIP				. Till	
ı		DUE TO, OR AS A CONSEQUE	NCE OF					
ı	Conditions, if ony, which	(b)	ACE OI					
	gave rise to immediate		ICT OF					- AL - 19
ı	underlying couse lost.	DUE TO, OR AS A CONSEQUE	ACE OF				43	
ı	PART 2 OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 1	10
ı	8							
1	NO DATE OF OPERATION  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH O	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FIND	INGS USED
I	AT .				YES NOT	YES		S OF DEATH?
1	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	VEAD	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAS	RT   OR PART 2)	
ł	OR COLUMNIC CLUSS OF BELYIN	HOUR A.M. MONTH DAT	YEAR					
ı	2	21e. PLACE OF INJURY		211 LOCATION	CITY OR TO		COUNTY	STATE
ı	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE FA	RM ETC )	STREET	CITY OR IC	WN	COUNTY	SIAIE
1	22a. I certify that (I) (this haspital) a	ottended the deceased from	10.2	19.81	. to. L- T	0 - 1	987	., that (I) (we) lost
I	sow the deceased alive on	1- 9 19	37 or	d that in (my) (our) opinion d	leath occurred on the d	ote and hour i		
ı	22b. SIGNATURE	w the body ofter death.		DEGREE			22c DAT	E SIGNED
ł	8	(.7.		MA ATTENDING	MEDICAL STA	FF	1-1	11.27
1	22d. PHYSICIAN'S NAME (TYPE OR PRIN	Colum	-	22e. ADDRESS	dale. 243	1. Rota	10 NO.	Augara
ſ	SE	T HEWAR			A A			_
ŧ	230. BURIAL, CREMATION, REMOVAL 231		AME OF C	EMETERY OR CREMATORY	e Mary (a	wo!	21213	•
1	(SPECIFY)				CITY OR LOWN	IMORE	COUNTY	MD STATE
1				JK AMUNO	REC'D. BY REGISTRAR		AD'C CIONE	
1	NAME SOLI LI	EVINSON & BROS		1C. 21215 250 DATE	2 0 1087	when Da	AR S SIGNA	Aselvates
1	6010 REISTERSTOWN	RD. BALTO.,	LID	CICIO JAN	- 0 1001 G		-	- warner

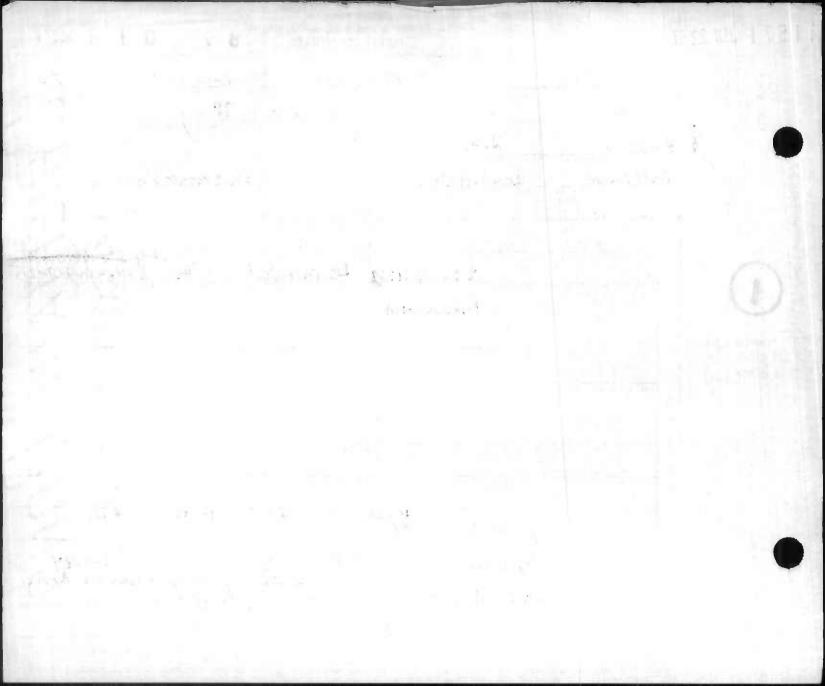
DHMH - 16 60M 7/84

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, ar other troumatic event, the

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending particular should be detached for use as the burrol-transit permit. Then please remove corben particular state Dept. of Health and Mental Hygiene prior to burral, cremation, or removal.

(VRA 15, 4)

BP.



	1			STAT	OF MARYLAND	- The reduced to the same of t			
	1	FOR STATE	DEPARTM	ENT OF H	EALTH AND MENTAL HYG	SIENE			
		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0 1	4 2	3
1 2		GEASED NAME FIRST	YE F.	in	1 WOR		1/2// 1/2//	87 3.	YZHM
	3 SE	Female	BLACK	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNI		ER 74 HRS
3		(STATE OR FOREIGN OUNTRY)	VSB	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY O	RCOUNTY OF D	EATH	MD.
3	10 0	SACTIMURE	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A		OR OTHER INSTITUTION	120 USUAL OCCUPATE LITYPE OF WORK FOR MOST OF	WORKING LIFE) IN	b. KIND OF BUSIN	NESS OR
35		AL RESIDENCE (IF NURSING HOME OR OF STATE 136. COUNT		DMISSION)	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE VIEWF-	0/212	25
0	14. FA	ATHER'S NAME THOM AS	DDLE LAST W	NSTON	AS. MOTHER'S MAIDEN NA FIRST LUL	MIDDLE	ic	CITH	
1		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	ED FORCES? 166. SOCIAL SECUR WAR OR DATES) 218 9	32	John E. 1	Person Jr	646 H	tillview	Ave
	3	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		RA	o pulmon	ARY ARRE	:37	M / Mufe	ERVAL ND DEATH
		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	VCE OF	GIMER'S P.	1 sease		Year	3.
		cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF					
	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	PART Ita	
9	ERTIFICAT	19a DATE OF OPERATION	1% CONDITION FOR WHICH (	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WEI IN CERTIFYING YES	RE FINDINGS US CAUSES OF DE NO	ATH?
a	AL C	?10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENIER NATURE OF INJUR	Y IN ITEM 18 PART I C	PART 2)	
1	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	RM, ETC )	211. LOCATION STREET	CITY OR TO	vn (	OUNTY	STATE
		22a.1 certify that (1) (this hospite saw the deceased alive an abave, (1) (we) (did) (did not)		, or	d that in (my) (aur) opinian	. 10	te and havr and		(we) last
		22b. SIGNATURE	uf Mila		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAF	E\_/	The DATE SIGNED	87

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Baltimore Nat

DHMH - 16 60M 7/B4

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buriol. IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or

(VRA 15, 4)

236. BURIAL, CREMATION, REMOVAL ISPECIFY)
Burial
24 FUNERAL DIRECTOR Wm. C.M. March F/H 1101 E. North Avenue

28

22d. PHYSICIAN'S NAME (JWPE OR PRINT)

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

COUNTY

Md

. Umwover ST. Baltimure,

Balttinore



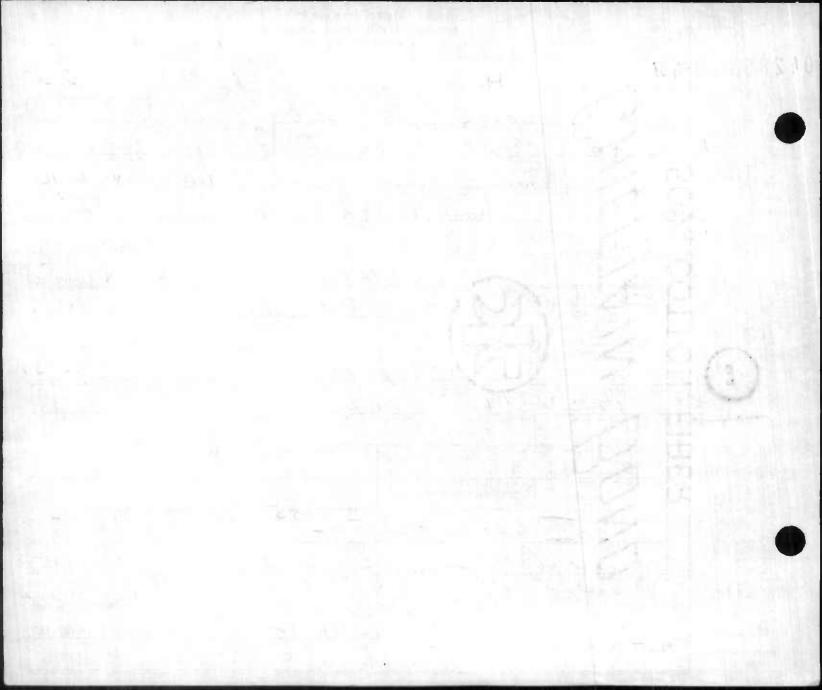
### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

63		0	9
Ö		1	
	REG		NO.

- STATE REGISTRAR	CERTIFICATE	OF DEATH	8 <sub>REG.NO.</sub>	424
FEB L DECEASED NAME	So H. MINU	20. DATE O	29-8	7 10 50 M
SEX FEMALG	Black S. Date OF BIRTH	1 6 AGE IN	YEARS LAST BIRTHDAY) IF UNDE	RIYEAR & UNDER 24 HRS. DAYS HOURS MIN.
70 BIRTHPLACE (STATE OR FORE)		DIVORCED   9 BALTIMO	ORE CITY OR COUNTY OF DE	ATH + V MD
BA HI MORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		RK FOR MOST OF WORKING LIFE) IND	KIND OF BUSINESS OR PUSTRY VT. FAMILIE
S & USUAL RESIDENCE (IF NURSING)	OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	ISIDE CITY LIMITS? 13e.STREET	ADDRESS / ZIP CODE //	21317 Fie.
TAMES		THER'S MAIDEN NAME FIRST  ARTHA	WIDDLE	IBORNE
60 WAS DECEASED EVER IN L (YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	MRS. GRACIE S	BARTIMORE,	MD. 212/6 N. ELLAMONT
PART I. DEATH WAS	ster only one couse per line for/to/1h) and icu	ENAL FA	LURG	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, wh gove rise to immedicate to immedicate to instance underlying couse life.	he DUE TO, OR AS A CONSEQUENCE OF	AND HEAR!	TRINCK	8405
PART 2 OTHERSIGNIFIC	- (10) 1753			PART Ito
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS		OPSY?  20b IF YES, WERE IN CERTIFYING CO	FINDINGS USED CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E	OF DEATH HOUR A.M. MONTH DAY YEAR	OW INJURY OCCURRED (ENTER N	ATURE OF INJURY IN ITEM 18 PART I OR I	PART 2)
THE STIME NOTIFY MEDICALE  21d INJURY OCCURRED  WHILE AT WORK  AT WORK	TAT HOME STREET FACTORY OFFICE FARM FTC 1	OCATION STREET	CITY OR TOWN COL	UNTY STATE
sow the deceased o	view the body ofter death	in (my) (and opinion death occurry		
AND MAKE THE PROPERTY OF THE P	and Ogern, M		STAFF PHYSICIAN	1-29-87
WHO RICHAIL	ED TYSON M.	BAUTIM	1. NORTH	0 2/2/7
230. BURIAL, CREMATION, REM (SPECIFY) BURIA	L 2/4/1987 KING MEN	City	ATION COUNTY OF TOWN COUNTY OF TOWN	) MARYLAND
TO DUM // D4	ONS FUNERAL HOME IN NS FACCS PKWY, BALTO, MD. :	- FED 7	1987 PREGISTRARIO	IGNATURE CONTRACTOR

DHMH - 16 60M 7/84 (VRA 15, 4)



FOR
STATE
STATE

T. DECEASED NAME

DEPARTM	STATE OF MARYLAN ENT OF HEALTH AND M CERTIFICATE OF DE	ENTAL HYGIENE	REG. NO.	0	1 4	2 5
MIDDLE	LAST	2a. DAT	E OF DEATH M	ONTH D	AY YEAR	2b. HOUR
	Mitchell			1 2	387	0700M
American	5. DATE OF BIRTH MONTH DAY 5 24	VEAR & AGE	62		FUNDER I YEAR	IF UNDER 24 HRS
States	MARRIED NEVER MA	ARRIED   P BALT	altimor	-	of DEATH	MD
HOSPITAL, NURSING CH FACILITY, GIVE STREET AND A HOS	SHOME OR OTHER INSTITUTION TO THE INSTITUTION TO TH		JAL OCCUPATIO WORK FOR MOST OF V			OF BUSINESS OR
GIVE RESIDENCE BEFORE A	13d. INSIDE CIT	Y LIMITS? 130. STR	EET ADDRESS	Ker	AVE	2/2/5
Artis		MAIDEN NAME herine	WIDDLE		awrenc	
220-22 -		so Mitchel	ADDRES 1			
rline togio), (b), and	oreginate	ay ar	rest		BETWEEN	IMATE INTERVAL ONSET AND DEATH
		6				

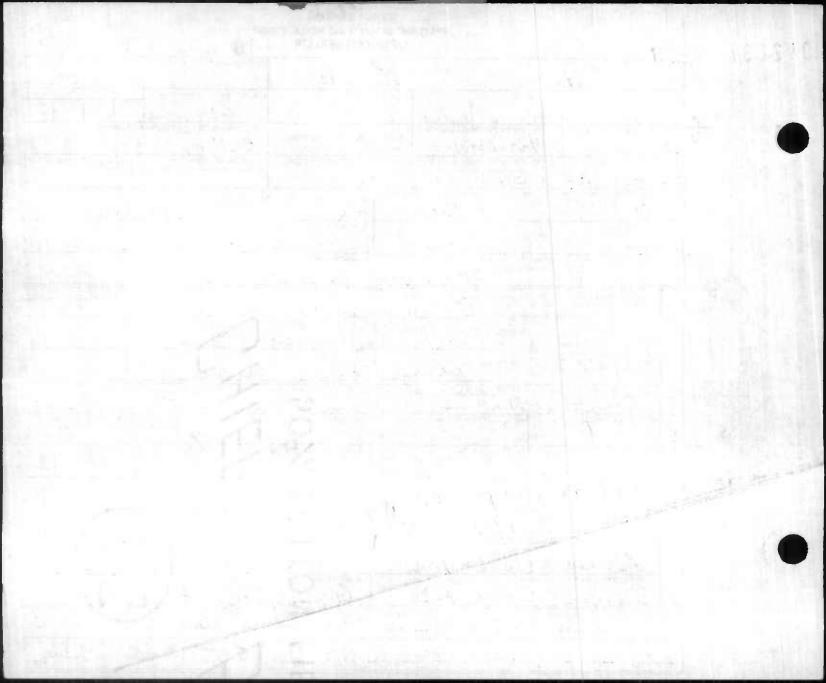
	(IIIVE	PACI	lla	Mi	tchell	1	2387	0700M
	3. SEX	(	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
6		Female	African-American	5	24 24	62	YRS.	HOURS WAIN.
7		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
		rainia	United States	WIDOWE	/ -	Baltimore	. City	MD.
4		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12ª USUAL OCCUPATION		F BUSINESS OR
4	Bai	Himore City	Sinai Ho.	SIOI	tal	(TYPE OF WORK FOR MOST OF WORK	ING LIFE) INDUSTRY	
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS KE	y Ave	2/2/5
	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	WE	LAS	T
	Ell	liott	Artis		Catherine		Laurenc	
1	Ióa W	VAS DECEASED EVER IN U.S. AR		RITY NO.	17 INFORMANT	ADDRESS	<u> </u>	
	No	YES NO OR UNKNOWN) (IF YES, GIV	220-22 -	-4921	Alphonso Mit	chall 5608 Ko	y Ave. Bal	to 21212
-	100	La della Composition		7/7	1 replication were	check soot ite		IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	oly one couse per line (o)(o), (b), one D BY:	24	the stance	Buck	BETWEEN	UNSEI AND DEATH
		IMMEDIA	TE CAUSE (o)	- L.	- princery	Miss		
Н	100		DUE TO, OR AS A CONSEQUE	NCE OF	- Boutte a			
		Canditions, if any, which gave rise to immediate	(b) C(c)	scle	ry Melabel	ie audou	2	
		couse (o), stoting the	DUE TO, OR AS A CONSEQUE	NCE OF		1		
		underlying couse lost.	( chro	nic (	Renal -	4arluie		
	,	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART JU	0.
	CERTIFICATION	Congestive	Heart far	lura	) with	ix of second	Alaid Vlv	T. Chohy
	CAI	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FINDING CAUSES	
4	TE		Hanna Witte			YES NO	YES 🗌	NO 🗆
	E CE	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	VEAS	214. HOW INJURY OCCUR	ED (ENTER NATURE OF INJURY IN ITE	EM 18 PART 1 OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DEA		19	0.16.			
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	- ' '	211. LOCATION		COUNTY	STATE
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK	A-IS associated the decreed from	1	7 10 87	1/23	10087	that (I) (we) lost
		sow the deceased alive on	ital) attended the deceased from	871	nd that in (my) (our) aninion (	death occurred an the date on	- /	
		obove, (I) (we) (did) (did no	t) view the body ofter death.	,				
		77b. SIGNATURE	1		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE	SIGNED .
		derise	COOK MX	1	PHYSICIAN [	DIRECTOR PHYSICIAN	] 1/23	3/8/
		274. PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS	1-		
	2	Denise	COOK, MIL	7	Greens	oring at	Belvede	isc.
		BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF C	EMETERY OR CREMATORY	23d. MOCATION		O court
	1	(SPECIFY) Burial	1-28-87 Gar	vrisor	r Forest Cemet	tery "Owerigs M	ills, Mo	aryland

DHMH - 16 50M 4/B2 (VRA 15, 4)

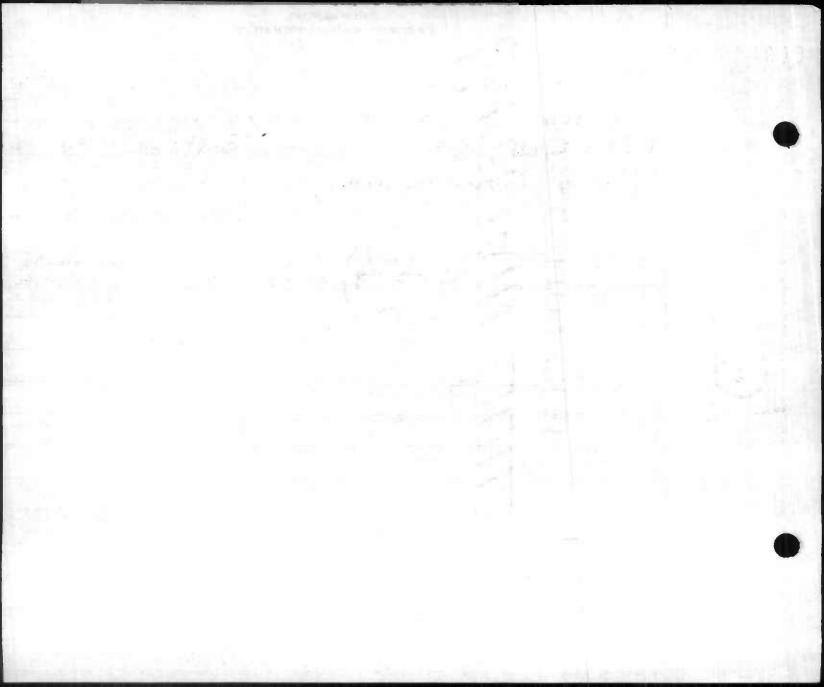
TO FUNERAL DIRECTOR:

Pailey Funeral Home 1348 N. Cathoun St. 21217

D BY REGISTRAR 25 REGISTRAR'S SIGNATURE



163688 FFR 10	1-	FOR STATE REGISTRAR		CERTIF	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	8 / REG. NO	.01	2 6
or, poge 3	1. DEC	James IY	RACE	5. DATE C	F BIRTH DAY YEAR	20 DATE OF DEATH  1-30-  6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	26. HOUR 1.25 A M 1.YEAR IF UNDER 24 HRS DAYS HOURS MIN
er deoth. Poge e funerol direct mithin 72 hours c	Ja BIF	altimore, Md.	CITIZEN OF WHAT COUNTR  US A  NAME OF HOSPITAL, NUR:	MARRIES WIDOWE		Baltimore CITY O Baltim 120 USUAL OCCUPATION	OR C	CIND OF BUSINESS OR
MARYLAND 21201 ed within 24 hours aft mplerely filled in by th ond 2 should be filled a	13a S	L RESIDENCE (IF NURSING HOME OR OTHER 136 COUNTY  Md.  THER'S NAME	LIF NOT IN SUCH FACILITY, GIVE STR	ORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO   NO	Haudy Ma STREET ADDRESS 4017 XI		Unk. tats Ave.
SALTIMORE, MARY are be executed with sicion and complete spers. Pages 5 and 2 val. 1, the medical examit		AS DECEASED EVER IN U.S. ARMEI  AS DECEASED EVER IN U.S. ARMEI  (IF YES, GIVE WA  Unkn.	D FORCES? 166 SOCIAL SE		17 INFORMANT Closia U	ADDRE Dinchater	RYN= 1	Hats AVE.
DS, 301 W. PRESTON ST., BA quires that the drotts certificate signal by the distending physic ham pictor france carbon pope to burgel, crimoston, or simosol quy, or other traumatic event, it	NO	18. CAUSE OF DEATH IEnter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSECTION OF AS	AFENCE OF	10 pulmo nosclesata NOT RELATED TO THE TERM	May and	Variala	APPRÖXIMATE INTERVALT
TALRECOR The low re- con. Set permit	RTIFIC	190. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION		200 AUTOPSY? YES NO	YES 🗌	AUSES OF DEATH?
DIVISION OF VIT BNG PHYSICIAN. The thus confliction on the bursician physician. The bursician in the bursician in the bursician in the bursician confliction on the bursician in the confliction of the bursician in the confliction of the bursician in the bursician of the bursician in the bursicia	CAL	210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IFEJTHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE  AT WORK  AT WORK	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	19 E, FARM, ETC.]	211 LOCATION STREET	CITY OR TOW	N COUN	TY STATE
FEAL OR ATTEND by the hospital or that DRECTOR. e detrached for use State Dept of Hear 21 is in		220.1 certify that (I) (this hospital) saw the deceased already (I) (with the latest that the	ew the bady after death.	86 an	d that in (my) (our) opinion.  DEGREE  ATTENDING PHYSICIAN  122e. ADDRESS	death occurred on the do	ate and hour and fro	
TO HOSPIT relational by TO PUNER should be a with the Sto	73n B	<.S.NA	iR,MD	r. NAME OF CI	SOLO YO	Ru Road  123d. LOCATION  CITY OR TOWN	BAU	IMORGUD 2120
DHMH:16 60M 1/73 (VR A 15 (4))	24 FU	NERAL DIRECTOR NAME Anatomy	ADDRESS	Balto	IFFF	e rec'd. By registrar 0 7 1987	25) REGISTRAR'S SI	GNATURE COLOR



## LGR

24 hours ofter death. Page

FOR STATE PEGISTRAP

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

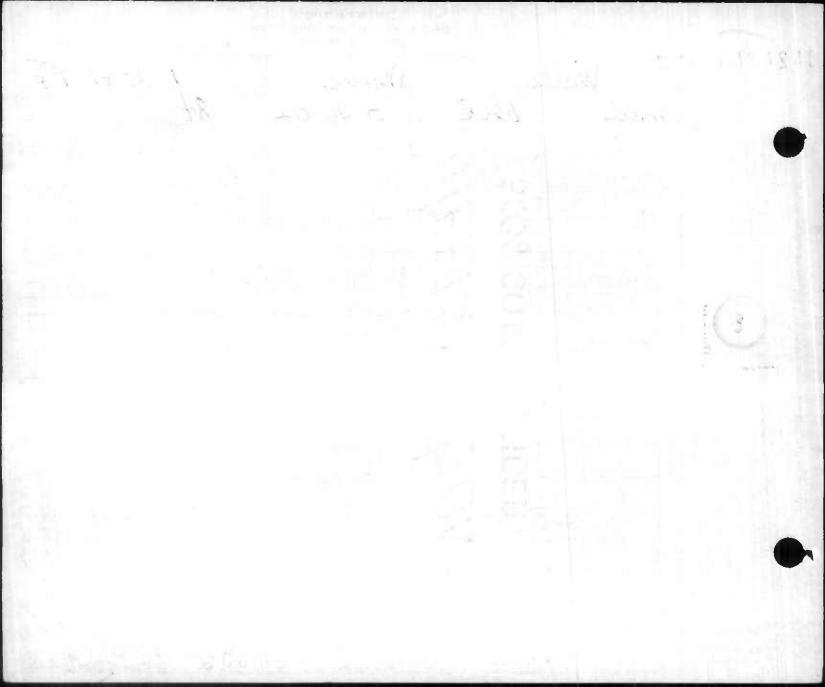
8	7	0	1	dia	2	
U	REG. NO.	0	d		07.00	

	-	REGISTRAR		CERTIF	CAIE OF DEATH	REG. NO	).		- ·
trace d		EEASED NAME Walter	MIDDLE	No	mol_	20 DATE OF DEATH	DAY DAY	87 2b 1	755 756
	1.50	male	black	DATE O	5 26 02	AGE (IN YEARS LAST BIRE	MONTHS YRS.	DAYS HOE	UNDER 4 HRS
5	7%. BI	ODDATES STATE OF SPECIAL 76.	11616	MARRIED	NEVER MARRIED	BALTIMORE CITY OF	Balto	City	MD.
5		Parto Cdy	(IF NOTE SUCH FACILITY, GIVE STREET ADI	The series		120 USUALOCCUPATION OF THE PROPERTY OF THE PRO	WARKING LIFE IND	KIND OF BU	ISINESS OR
1		AL RESIDENCE (IF NURSING HOME OR OT) STATE  13b COUNTY		OMISSION)	YES NO	3. STREET ADDRESS	ZIP CODE	er St	: 2.123
	14. FA	ATHER'S NAME FIRST MID	DLE LAST		15 MOTHER'S MAIDEN NAM	E MIDDLE		LAST	
		WAS DECEASED EVER IN U.S. ARME YES, NO OF UNKNOWN) (IF YES, GIVE W		14 NO. 2190	Lesa Veal	2 1114 Cal	lural	St APPROXIMATE DETWEEN ONSET	02
	TION		DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)  NOTITIONS CONTRIBUTING TO DE	CE OF					
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATIO		200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING O YES	CAUSES OF D	
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	216. PLACE OF INJURY AT HOME. STREET, FACTORY, OFFICE, FARM	19	211 LOCATION STREET	CITY OR TOV		PART 2)	STATE
1		220. I certify that (I) (this hospital saw the deceased give of sabour. It was distributed to be say the same saw the deceased give of sabour. It was say the same saw the deceased give of says and says are says as a saw that says are says as a say that say that says are says as a say that s	Jan. 20 19  R. Linkey		d that in (my) (aur) opinian de DEGREE ATTENDING	medical STAF	te and haur and f		
/		(SPECIFYY L. A. I.	23b. DAJE 23c. NA	ME OF CI	EMETERY OR CREMATORY	23d LOCATION	17 COUN	ity C	1944
	24 FL	UNERAL DIRECTOR  SOFF Miller	Funeral Happress	461 ever	PALKHES 250. DATE	REC'D. BY REGISTRAR	gulia Da	SIGNATURE	ma:

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, when the should be sterniched for use on the with the Store Dept of Realth and MACREAN. If then 21 is marked:

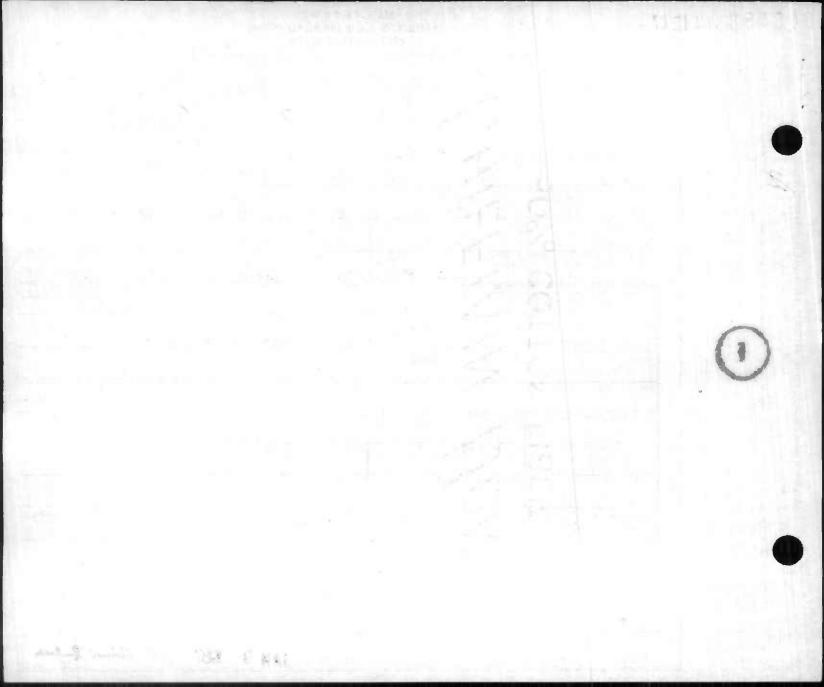


DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8
LAST	20 DATE OF

	TATE EGISTRAR		CERTIFICATE OF DEATH	8 REG. NO	0 1 4. 2	ö
	ASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR	
TYPE OR	Carrol		Mooney	C	01 0787 0542	) M
3. SEX		RACE	5. DATE OF BIRTH (	6 AGE (IN YEARS LAST BIRT		HRS AIN.
	male	Black	12 29 1908	86	YRS	
7 BIRTH		b. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OF	R COUNTY OF DEATH	
	MD	U-S.A	WIDOWED DIVORCED	BALto	. City	MD.
IO CITY	OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		OR
	BAHO.	DAINT HI	GNES HOSP.	ORDERL	y. J. HH	
USUAL R		THER INSTITUTION, GIVE RESIDENCE BEFO		13e STREET ADDRESS /		9
/	10	BALTO	YES P NO		ANDORENE RD.	
14. FATH	ER'S NAME	IDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LACY	
111	illiam	Monne	4 WilliamE	1 4	LEE	
16e. WAS	DECEASED EVER IN U.S. ARM	NED FORCES? 166. SOCIAL SEC		ADDRE	55 2/6	229
IYES	NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 220-	30/477 MABELS. 1	Villiams	4607 LAUN PK.1	20.
18	CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), a	and (c),)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	ATH
"	PART I. DEATH WAS CAUSED IMMEDIATE	BY:	toc Shock		ho-15.	
	IMMEDIATE	DUE TO, OR AS A CONSEQU				
		DUE TO, OR AS A CONSEQU	UENCE OF	1 115	Lat days.	
	Conditions, if any, which gove rise to immediate	(b)	2 (ales 1 ) vanor	2 , orinary	tract. days.	
C	ause (a), stating the	DUE TO, OR AS A CONSEQU	UENCE OF			
U	inderlying cause last.					
-		( (c)	11400			
			DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	DITION GIVEN IN PART 1(0)	=
			DEATH BUT NOT RELATED TO THE TERM	ainal disease or cond	DITION GIVEN IN PART 1(0)	=
		ONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	206 IF YES, WERE FINDINGS USED	=
	ART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO		20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	=
	ART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING TO</u>	H OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	
CERTIFICATION	ART 2 OTHER SIGNIFICANT CO	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	
CERTIFICATION	ART 2. OTHER SIGNIFICANT CO  DATE OF OPERATION  B. ACCIDENT WAS UNDERLYING  R CONTRIBUTING  CAUSE OF DEATT  (IF EITHER, NOTIFY MEDICAL EXAMINER)	196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 216 TIME OF INJURY HOUR A.M. MONTH [	H OPERATION WAS PERFORMED  DAY YEAR  19	200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	
MEDICAL CERTIFICATION	ART 2. OTHER SIGNIFICANT CO  DATE OF OPERATION  C. ACCIDENT WAS UNDERLYING  R CONTRIBUTING  CAUSE OF DEATT  (IF EITHER, NOTIFY MEDICAL EXAMINER)  d. INJURY OCCURRED	196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 197 CONDITION FOR WHICH 198 CONDITION FOR WHICH 198 CONDITION FOR WHICH 198 CONDITION FOR WHICH 198 CONTRIBUTING TO	H OPERATION WAS PERFORMED  21c HOW INJURY OCCUR 19 211 LOCATION	200 AUTOPSY? YES NO	706 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1	
MEDICAL CERTIFICATION	ART 2. OTHER SIGNIFICANT CO  DATE OF OPERATION  B. ACCIDENT WAS UNDERLYING  R CONTRIBUTING  CAUSE OF DEATT  (IF EITHER, NOTIFY MEDICAL EXAMINER)	196 CONDITION FOR WHICH HOUR A.M. MONTH D.P.M. 216. PLACE OF INJURY	H OPERATION WAS PERFORMED  21c HOW INJURY OCCUR 19 211 LOCATION	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	706 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1	
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MEDICAL CERTIFICATION	ART 2 OTHER SIGNIFICANT CO  DATE OF OPERATION   A. ACCIDENT WAS UNDERLYING  R. CONTRIBUTING  CIFETTHER, NOTIFY MEDICAL EXAMINER)  A. INJURY OCCURRED  WHILE  AT WORK  O. I certify that (I) this happened to the control of the control	196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 116 TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR  19 211 LOCATION STREET  211 LOCATION STREET  211 LOCATION STREET  ATTENDING  ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOV  deoth occurred on the do	TOB IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO COUNTY  STATE  19 1, that (I) we stee and hour and Iram the causes state.	t
MEDICAL CERTIFICATION  51  52  52  52  52  53  54  55  56  57  57  57  57  57  57  57  57	ART 2 OTHER SIGNIFICANT CO  DATE OF OPERATION   A. ACCIDENT WAS UNDERLYING  R. CONTRIBUTING  CIFETTHER, NOTIFY MEDICAL EXAMINER)  A. INJURY OCCURRED  WHILE  AT WORK  O. I certify that (I) this happened to the control of the control	19b CONDITION FOR WHICH 19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH I P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE of ottended the deceased from when the body after death.	DAY YEAR  19 211. LOCATION STREET  . ond that in (my (our) pinion DEGREE	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOV deoth occurred an the do	TOB IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO COUNTY  STATE  19 1, that (I) we stee and hour and Iram the causes state.	t
MEDICAL CERTIPICATION  51  51  52  52  52  53  54  55  56  57  57  57  57  57  57  57  57	ART 2 OTHER SIGNIFICANT CO  DATE OF OPERATION  C. ACCIDENT WAS UNDERLYING  R CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  C. INCLUDING CONTROL  MAILE NOT WHITE AT WORK  C. I certify that (I) This happing  DECEMBER OF THE CONTROL  C. I CERTIFY THAT (II) THE CONTROL  CONT	19b CONDITION FOR WHICH 19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH I P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE of ottended the deceased from when the body after death.	DAY YEAR 19 211. LOCATION STREET  , 19 . ond that in (my (aur) pinion DEGREE  ATTENDING PHYSICIAN [	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOV  deoth occurred on the do	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY  STATE  NO STATE  19 State and hour and Irom the causes stated  27c. DATE SIGNED	t
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21 0 21 21 22 22 22 22 22 22 22 22 22 22 22	ART 2 OTHER SIGNIFICANT CO  DATE OF OPERATION  C. ACCIDENT WAS UNDERLYING  R CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  C. INCLUDING CONTROL  MAILE NOT WHITE AT WORK  C. I certify that (I) This happing  DECEMBER OF THE CONTROL  C. I CERTIFY THAT (II) THE CONTROL  CONT	196 CONDITION FOR WHICH  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D P.M.  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  attended the deceased from  19  PRINT)	DAY YEAR  19  211. LOCATION STREET  211. LOCATION STREET  ATTENDING PHYSICIAN  212. ADDRESS  NAME OF CEMETERY OR CREMATORY	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJURE  CITY OR TOWN  TO DIRECTOR PHYSIC  234 LOCATION CISOR TOWN	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY  STATE  NO STATE  19 State and hour and Irom the causes stated  27c. DATE SIGNED	Flast
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

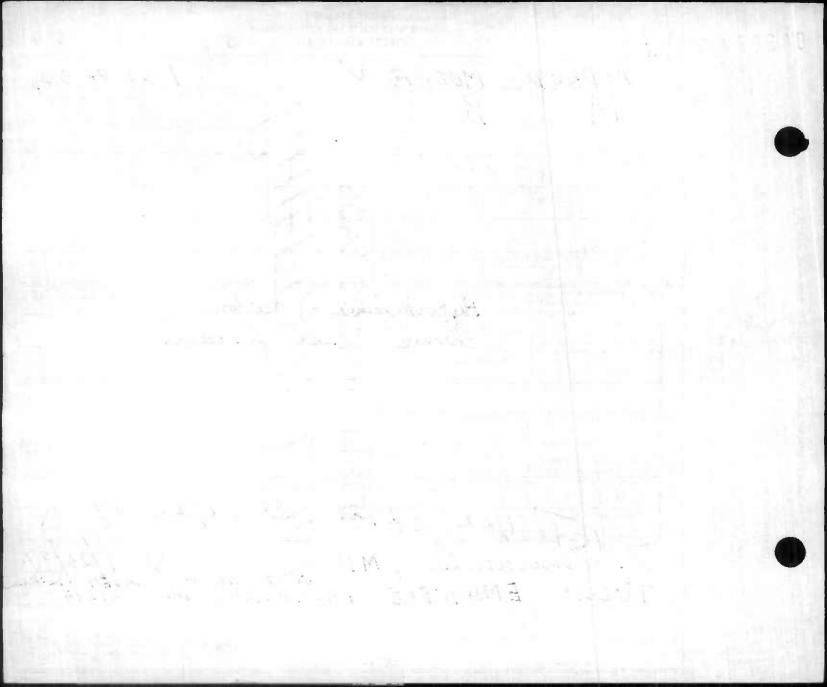
O	7		1	
0	REG. NO.	63	8	

J-	- STATE REGISTRAR		CERTIF		REG. NO			
	CEASED NAME FIRST E OR PRINT) ALFREI	) MOC	RE	LAST	26. DATE OF DEATH	MONTH DAY	02	3 400A
3 SE	M	RACE	5. DATE (		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Pennsylvania	L.S.	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Balto. C		FDEATH	ME
		1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE GOOD Sama	STREET ADDRESS)		120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Contracto	F WORKING LIFE)	INDUSTRY	BUSINESS OR Cuction
130. 5	AL RESIDENCE IF NURSING HOME OR O STATE 136 COUNT Md.		RTOWN	13d INSIDE CITY LIMITS?	3402 Duva	ZIP CODE 11 Ave.	212	16
	ATHER'S NAME FIRST M  evi	Moore Moore	ST	15 MOTHER'S MAIDEN NAME FIRST ROSA	WIDDLE		lunter	
	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	4-0879	17. INFORMANT	ADDRE	Same	4.45	IATE INTERVAL
	IMMEDIATE	01	00,000	www.	- 1			
No	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS	SEQUENCE OF	Penal	facility	<b>C.</b> DITION GIVEN	IN PART Ita	
TIFICATION	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF		Paulur	20b. IF YES, W	VERE FINDING	
MEDICAL CERTIFICATION	Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21e, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)  21d, INJURY OCCURRED	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  DIDITIONS CONTRIBUTION  196. CONDITION FOR W	SEQUENCE OF  G TO DEATH BUT  WHICH OPERATIO  H DAY YEAR  19		200 AUTOPSY?  YES	20b. IF YES, WIN CERTIFYIN YES [	VERE FINDING NG CAUSES (	OF DEATH?
	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  DIDITIONS CONTRIBUTION  19b. CONDITION FOR W  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY IAT HOME, STREET, FACTORY, CO	SEQUENCE OF  G 10 DEATH BUT  WHICH OPERATIO  H DAY YEAR  19  OFFICE, FARM, ETC.)	211. LOCATION SIREET  DEGREE	20e AUTOPSY?  YES NO CITY OR TO:  CITY OR TO:  Adeoth occurred an the do	20b. IF YES, WIN CERTIFYIN YES [ RY IN ITEM 18 PART  WN  ate and hour at	VERE FINDING CAUSES (	STATE
	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT COUNTY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTHER MEDICAL EXAMINER AT WORK AT WORK  22d. I certify that (1) (this hospital saw the decreased alive on above, (1) (we) party (id) (at) not)	DUE TO, OR AS ACONS  (b)  DUE TO, OR AS A CONS  (c)  DUE TO, OR AS A CONS  (d)  DUE TO, OR AS A CONS	SEQUENCE OF  G TO DEATH BUT  WHICH OPERATIO  H DAY YEAR  19  OFFICE, FARM ETC.)  From F., o	211. LOCATION SIREET  and that in (my) (gur) opinion	ZOO AUTOPSY?  YES NO CONTROL NOT	20b. IF YES, WIN CERTIFY IN YES [ RY IN ITEM 18 PART  WN  ate and hour ar	VERE FINDINING CAUSES (  1 OR PART 2)  COUNTY	STATE  not (1) (wd) las ouses stated

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attention is should be detached for use as the burnal-transit permit. Then plear armove with the State Dept of Health and Mental Hygiene prior to burial certains. IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other Haun



and campletely filled in by the funeral director. page 3 oges 1 and 2 should be filed within 72 hours after death

traumatic event, the medical corbon popers. Poges

IMPORTANT: If them 21 is marked or them 18 sho TO FUNERAL DIRECTOR: After this certificate should be detached for use as the buriol-transfit with the State Dept. of Health and Mental Hydli

FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Zoro No	0	1	6	3
REG. NO.	40			

	REGISTRAR				CERTIF	ICAIE OF DEATH	Q REG. N	10.	-	0 4
M L	DECEASED NAME	FIRST	-011	MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
11.0	M. G. O. MINIT	FRANCI	ES		MO	ORE		1 / 09 /	87	M
3.	SEX		4 RACE		5. DATE O		6 AGE (INYEARS LAST BI		DERIYEAR	IF UNDER 24 HRS
	FEMALE		BLACK		MONT	'/ fõ / fô	76	YRS.	5 DAYS	HOURS MIN.
70	BIRTHPLACE (STATE	E OR FOREIGN	USA	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D	EATH	
1					WIDOWE	DIVORCED	BALTIMOR	RE CITY		MD.
	BALTIMORE			HOSPITAL, NURSIN HEACILITY, GIVE STREET E. 20th	ADDRESSI	OR OTHER INSTITUTION	TOUSEWIFE		kind C idustry	OF BUSINESS OR
	SUAL RESIDENCE (#	13b COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	130.STREET ADDRESS 727 EAST	/ ZIP CODE 20th STE	REET	21218
14	FATHER'S NAME FIRST JACK	N	MODLE	BROWN'		15 MOTHER'S MAIDEN NAM SALLEY <sup>RST</sup>			IDGES	
16	WAS DECEASED E			166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
	M.U.	( IF YES, GIVE	WAR OR DATES)	22012693	30	WALLY WILLIA	MS 361 BUNI	NER STREI	ΞT	
	PART 2 OTHER S	ony, which immediate tating the ause last	(b) DUE TO, OI	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN	PART In	a
1	190 DATE OF OPI	ERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WEI IN CERTIFYING YES		
	00.500,170,00,170,10	(IF EITHER, NOTIFY MEDICAL EXAMINER)  P.  21. PLACE			AY YEAR	21c. HOW INJURY OCCURR	IRY IN ITEM 18 PART I C	PART I OR PART 7)		
	WHILE IT NO				ARM, ETC )	211 LOCATION STREET CITY OR TOWN			COUNTY STATE	
E	220 I certify the	220.1 certify that (1) (this haspital) attended the deceased fram 19 30, to								that (I (we) last causes stated
	226. SIGNATURE	226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								
	22d. PHYSICIAN	S NAME (TYPE OR	PRINT)			22e ADDRESS				
2	BURIAL, CREMATK	ON, REMOVAL	23b. DATE	23€ 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	cou	NIV	STATE
	BURTAL		12/13/8	36 MD	. NAT	IONAL CEMETER				MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAM THE retained by the hospital or attending physicia

FUNERAL HOME

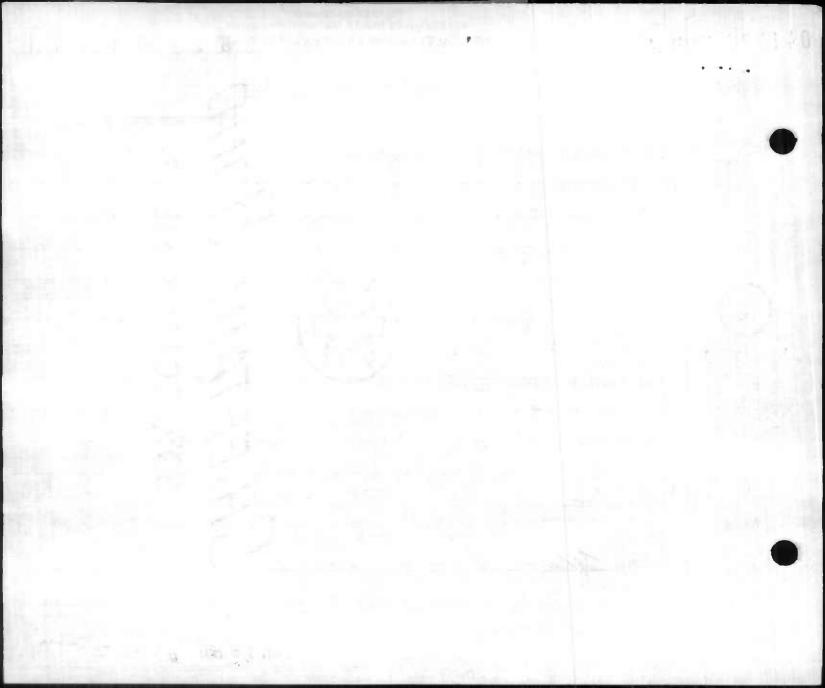
24 FUNERAL DIRECTOR

1101 EPPRENORTH AVENUE

250 DATE REC'D BY REGISTRAR SO REGISTRAL SIGN

Tology Bales

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		EASED NAME OR PRINT)	rikat		WIDDEE			LAST		2a. D.A	TE KNOWN	HTMOM XX	DAY YE	PAR 26. HOL
L		F	ATRICK		1	MARK			MOORE	DE	TH MATED	1-1	5-879	
3	SEX	1. RA		DATE OF BIRTH	YEAR	6. AGE 1IN YE LAST BIRTHE	ARS IF UN	DER 1 YR.	IF UNDER		ATE OUNCED	MONTH	DAY Y	TEAR 2d HOU
100	Ma	le Ca	u.	4 20	62	0.1	RS.	DAIS	HOURS	D	EAD		L5-87 <sub>19</sub>	1:28
70		THPLACE (STATE OR	71	CITIZEN OF WH	AT COUN	TRY?	8. MARR	IED   NE	VER MARRI		TIMORE CITY		TY OF DEATH	н
		Md.		U.S.A.			WIDOV		DIVORC	- Da	timore	City		M
10		Y OR TOWN OF DE		I. NAME OF HOSP	ITAL, NUI	RSING HOM	E, OR OTH	IER INSTITU	TION	120 USUAL OC	CUPATION (	TYPE OF WORK	126 KIND O	F BUSINESS LISTRY
	B	altimore	5	300 bik.	Bela	air Ro	ad				uction	Worke		
	SUAL ST.	RESIDENCE (IF IN N	ING HOME OR O	THER INSTITUTION, GIVE		OR TOWN	ION)	liaa incine d	TV HAHTCO	113e STREET AD				
130		Md.	138. COOMT	-		lto.		YES BE	NO 🗆		vergre	en Ave	2120	)6
14.	. FA1	HER'S NAME						15 MOTHE	R'S MAIDE					
	K	enneth		MIDDLE		ore			ice		H.		Brau	10
160	o W	AS DECEASED EVE	IN U.S. ARME	D FORCES?		TAL SECURIT	Y NO.	17_INFORA			ADDRE	ESS		
	(YES	Yes	Navy	R OR DATES)	218.	-82-58	60	Konn	oth M	. Moore	3808	Fuera	212	206
=	T	IL CAUSE OF DEA		one cause per line f			00	Keim	ELII I	MOULE	2000	nvergi	APPROXI	MATE INTERVAL
		PART I DEATH V	MAS CAUSED B	Y: Cra		cerebr	al ti	auma					BETWEEN	ONSET AND DEATH
-	7	8/23	IMMEDIATE	DUE TO, OR										
Н		Conditions, if		1										
		gave rise ta cause (a) statin		DUE TO, OR A	S A CON	SEQUENCE	OF						+	
		lying cause last		(6)										
		PART 2 OTNER SIGNIFICA	NT CONDITIONS CON	TRIRUTING 10 DEATH RE	T NOT RELA	TED TO THE TERM	AINAL DISEAS	E DR CONDITION	N GIVEN IN PAI	RT 1 a				
1 3														
1	CERTIFICATION	190. DATE OF OPER	ATION	196. CONDITI	ON FOR V	WHICH OPER	RATION W	'AS PERFOR	MED?				2B AUTO	PSY?
1	≟												YES \$	R NO []
1	X I	21a EXTERNAL CAL	216 TIME OF	1216 TIME OF INJURY 1216 HOW INJURY OCCURRED (E) P.M. 1-15-87 19 passenger of a m						NTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
		UNDERLYING D	OR CAUSE OF DE	L POUPAWA	1-15	-87, YEA	pass	senger	of a	motorc	ycle/a	uto co	ollisio	on
200	š l	214 INHURY OCCUR	PÉD	21e PLACE O	FINJURY	(AT HOME,	21f LO	CATION				4		
1	E	WHILE AT WORK STRE			street 5300 blk				blk. Belair Rd. Baltimore,			Maryla	and STATE	
	1	LY C												
		22a   Certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my apinion												
		death resulted fram: Natural causes Accident X. Suicide , Hamicide Undetermined manner ,												
		ACTUAL	11/11	01				TITLE (SI				DATE	1 15	0.7
1		SIGNATURE	y m	1				Assis	tant	MEDICAL E	XAMINER	SIGN	1-15-	-8/
12		EXAMINER'S NAME	W15 1 1 -	iam M. Za	no	M D			111 0	enn Str	eet			
72	بالمشمس	TYPE OR PRINT)				IAME OF CE		ADDRESS_		23d LOCATIO				
1/3	(SP	ECIFY)							JKT	CITY OR TOW	V		UNTY	Md.
7.6		NERAL DIRECTOR		1-17-87	G	ardens	OI.		250. DATE F	Balto		Balt GISTRAR'S		Jess.
		NAME	1 7	ADDRESS	1 .	D 1			JAL,	199	37 7	in min	mar for	
	JC	hn C. Mil	ler Inc	c. 6415 E	elai	r Kd.			4,11					



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

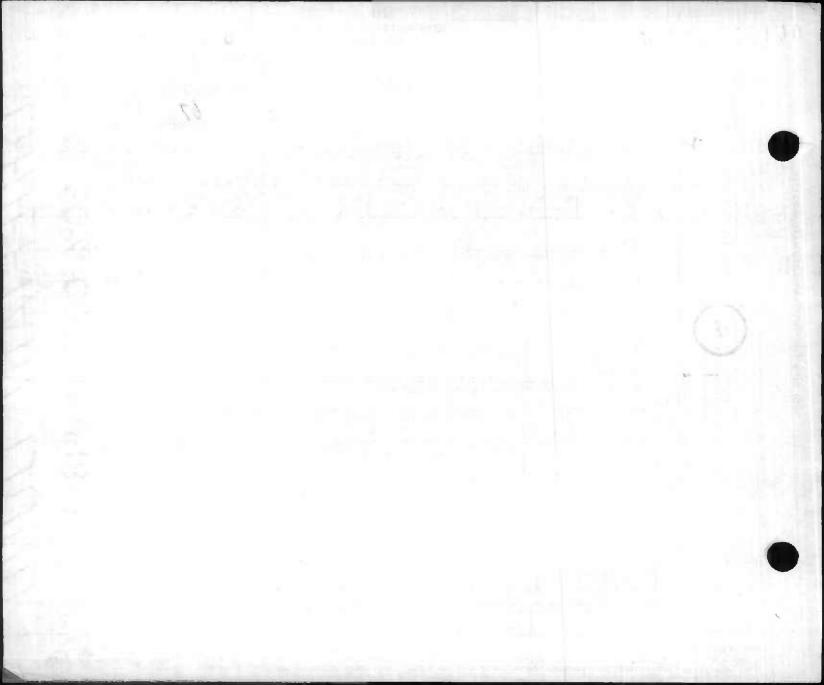
BY REGISTRAR 251 REGISTRAR'S SIGNATURE

141323 JAN	24	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 CERTIFICATE OF DEATH 8 7 REG. NO. 0 1 4 3								
ay be page 3 death		CEASED NAME FIRST OR PRINT; MANN	міоо	16	MOORR	20 DATE OF	112011101	DAY YEAR	26 HOUR		
ge 4 may ector, pog irs ofter d	3. SE		1 RACE		TE OF BIRTH ONTH GAY YEA		EARS LAST BIRTHDAY)  67 YRS.	IF UNDER I YEAR	IF UNDER 24 HRS		
deoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WH	SA WIDE	RRIED WEVER MARRIED		RE CITY <u>OR</u> COUNT	Y OF DEATH	ITO MO		
by the filled with		BAITO	(IF NOT IN SUCH FA	CITELY ADDRESS	tospice		OCCUPATION OF FOR MOST OF WORKING L	FE) INDUSTRY	F BUSINESS OR		
in 24 hau y filled in should be er must ba	13a.	AL RESIDENCE (IF NURSING HOME OF THE LIBERT STATE STAT		CITY OF TOWN	13d INSIDE CITY LIM YES NO [	12/0	ADDRESS ZIP COD	5 PT.			
i, MARYI		Pey Ton	MIDDLE	Acore SOCIAL SECURITY N	Anni	en name	ADDRESS	MOO	10		
LTIMORE to be exected to an analysis. Page		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	86-14-89	12 EAR M	loore	1 6	44110	AKEAVE		
that the death certificated by the filter carbon appearance of the carb		PART I. DE ATH WAS CAUS  IMMEDIA  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	TAS TA	DF .	CINUMA	<u></u>	BETWEENG	INSET AND DEATH		
requires the requires the summer or to burney y injury, and	NOIT	PART 2 OTHER SIGNIFICANT		-							
TAL REC	CERTIFICATION	190 DATE OF OPERATION  \$ 1  210, ACCIDENT WAS UNDERLYING	1	~		YES -	IN CERTI	S, WERE FINDIN FYING CAUSES ES			
DIVISION OF VITAL RECORDS, DIVISION OF VITAL RECORDS, The CHARLES of the low requirements of the control of the	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	HOUR A.M. P.M.  21e. PLACE OF	MONTH DAY YI	19 2H LOCATION	A-	CITY OR TOWN	COUNTY	STATE		
DIVIS TENDING : that on the or use on the Health und	-	WHILE NOT WHILE AT WORK  22a.1 certify that (I) (this hasp saw the deceased alive a	pital) attended the di	eceased fram	, and that in (my) (our) o	66, ta	d an the date and ha		that (It (we) last		
AL OR AT AL DIRECT defruthed to the Begs.		abave, (I) (we) (did) (did n	at) view the bady after	JMLC.	DEGREE ATTEND PHYSIC	ING MEDICAL	STAFF PHYSICIAN	22c DAJE			
O HOSPIT housed by O FUNES hould be the 55	1	22d. PHYSICIAN'S NAME (TYPE	ORIGINI) JULICA N	nb.	107- E		THA STE	ALT INC	RO		
BP	130	BURIAL CREMATION, REMOVA	1 23b. DATE	87 MT	ZION CEM	CHY	OR TOWN	COUNTY	M D STATE		

24 FUNERAL DIRECTOR
Betta Funeral Home 1129 N. Caroline St.

DHMH - 16 60M 7/B4

(VRA 15, 4)



STATE	OF	MARYLAND

2]	FOR STATE REGISTRAR				ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 7	0	1 4	3 3
	CEASED NAME FIRST DAN		MORET	TI	51	2a. DATE OF DEATH		DAY YEAR	26 HOUR
3. SE	M	4 RACE	/	MONTH 4	BIRTH  DAY  PAY  PEAR  P	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	U.	S.A. Iw	DOWED		BALTIMORE CITY OF	RE CI	- 47	MD
1	BALTO.	HAMIL		35 H	OME	120 USUAL OCCUPATION OF THE CONTROL OF WORK FOR MOST OF TAILOR		INDUSTRY	RING
13a.		ROTHER INSTITUTION NTY LTO.	13c. CITY OR TOWN		YES NO 🔀	1	ECKER		1236
7	ATHER'S NAME FIRST ROCCO	MOR	ETTI		IS MOTHER'S MAIDEN NAM	WIDDLE		LAST	
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	215-01-127	N.	17. INFORMANT ary T. 7	tregga - 42		icker O	21236 lue.
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per ED BY: .TE CAUSE (a)	r fine for (a), (b), and (c).		se Heart	Failure	Ar LE	SETWEEN O	MATE INTERVAL DINSET AND DEATH
MON	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  Search	DUE TO, O	entra ,	OF Ch	rome Urin	in Trut ?	Inte	etim	
CERTIFICATION	19a DATE OF OPERATION		ITION FOR WHICH OPE	KAHON		YES NO	IN CERTIFY YES		OF DEATH?
AEDICAL CE	2)0. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.	M. MONTH DAY M.	19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	EV IN ITEM 18 PA	RT I OR PART 2)	
MEC	WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STI	REET, FACTORY, OFFICE, FARM, I	ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a.   certify that   this hasp saw the deceased alive or abave, (1)   we) (did) (fild no 27b. SIGNATURE	4.1	16 64		that in (n aur) apinian a	death occurred on the de	ate and haur	and from the c	
	Hww & 1	HBn S	2	MY		MEDICAL STAI	F IAN 🗆	220. DATE S	187
	HOWARd	H. Be	ond		220 ADDRESS 96/8 BE	-LAIR R	29.		
	URIAL, CREMATION, REMOVAL	1-21		0	METERY OR CREMATORY EDEEMER	BALTO	. M	COUNTY	STATE
10	MERAL DIRECTOR	- 758	27 Hodress for	d	QJ. FIAN	REC'D. BY REGISTRAR	256 REGISTR	RAR'S SIGNATI	RE

7527 Horford Rd.

DHMH - 16 50M 4/82 (VRA 15, 4)(

MPORTANT, If them 21 is marked or TO FUNERAL DIRECTOR, Altahould be detached for use or with the State Dept. of Health

THE THE PART OF TH the second to be a second to be a second to the second to

FEB - 07 REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	0 1 - 3 -
DECEASED NAME (TYPE OR PRINT)  3. SEX	11 BBRT A	K	ORGAN	2a DATE OF DEATH CONTR	16/87 26 HOUR 5:15
to san	4. RACE	5. DATE C	F BIRTH - 6"-2"0"	6 AGE (IN YEARS LAST PRIHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
North Care	olina U.S.A.	MARRIE	D DIVORCED	Baltimore Ci	ty, M
Baltimore	BON SECO	PITAL, NURSING HOME C CILITY, GIVE STREET ADDRESS) URS HOSPITAI	PROTHER INSTITUTION	170 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK Self Employe	
Maryland	NURSING HOME OR OTHER INSTITUTION GIVE 136 COUNTY 136 B	residence before admission) CITY OR TOWN altimore	13d. Inside City Limits? Yes 🛣 no 🗌	130 STREET ADDRESS / ZIP 720 N. Monro	code e Street 21217
14. FATHER'S NAME FIRST Aaron		rgan	Frances	WIDDIE	Walls
160 WAS DECEASED E	U) I HE VES CIVE WAR OR DATES	SOCIAL SECURITY NO. 44-16-8091	Carrie L. Mo	organ 720 N. 1	Monroe Street
Canditians, if governise ta cause (a), where the underlying of underlying of the cause (b), where the cause (c), which is the cause (c), where (c), wh	any, which immediate stating the DUE TO, OR AS	A CONSEQUENCE OF	Sych		
PART 2 OTHER LOS OF THE PART 2	SIDNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT		20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING	CAUSE OF DEATH HOUR A.M. MEDICAL EXAMINER! P.M.	MONTH DAY YEAR	21c HOW INJURY OCCURR	YES NO	YES NO MIS.PART (ORPART 2)
WHILE N		ACTORY OFFICE, FARM, ETC	STREET	CITY OR TOWN	COUNTY STATE
H the de	it (1) (this hospital) attended the dec ceased alive on	19 67 /00	d that in (my) (aur) apinion o	death occurred and the state and	1927, that (I) (we) last
ched for us	at (I) (this hospital) attended the dec ceased alive on	19 67 /00	ATTENDING THYSICIAN	death occurred and the Bate one	thour and from the causes stated  The DATE SGNED
whold be detached for us with the State Dept. of He WORTANTS If them 2 1 is the Head of th	at (1) (this hospital) attended the dec ceased alive on	death. 19.67 Jan	ATTENDING PHYSICIAN 1270 ADDRESS 19 40 W.	Ballwine	
the de since the d	th (I) (this hospital) attended the decreased alive on view the body of Kristian (I) (did) (did nat) view the body of Kristian (I) (did) (did nat) view the body of Kristian (I) (did) (did nat) view the body of Kristian (I) (did) (did nat) view the body of Kristian (I) (did) (did nat) view the body of Kristian (I) (did) (did nat) view the body of Kristian (I) (did) (did nat) view the body of Kristian (I) (did) (did nat) view the body of Kristian (I) (did) (did nat) view the body of Kristian (I) (did) (did nat) view the body of Kristian (I) (did) (did nat) view the body of Kristian (I) (did) (did nat) view the body of Kristian (I) (did) (did nat) view the body of Kristian (I) (did) (did nat) view the body of Kristian (I) (did) (did nat) view the body of Kristian (I) (did) (did nat) view the body of Kristian (I) (did) (did nat) view the body of Kristian (I) (did) (did nat) view the body of Kristian (I) (did) (did) (did nat) view the body of Kristian (I) (did) (	death. 19 Jan	ATTENDING PHYSICIAN 1  770 ADDRESS  19 40 W.  EMETERY OF CREMATORY  UDURN CEIN.	MENTAL STATE	

STATE OF MARYLAND



STATE OF MARYLAND

-	P. FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	BIENE 8 LEG. NO	. 0 ! 4 3 5
	1. DECEASED NAME (TYPE OR PRINT)	CES L	Morns	/	MONTH DAY YEAR 26 HOUR 87 040
	3 SEX M	B	5. DATE OF BIRTH  MONTH  25  13  YEAR  3	6 AGE (IN YEARS LAST BIR!	YRS. MONTHS DAYS HOURS MIN.
200	BIRTHPLACE (STATE OR FOREIGN	USH	MARRIED NEVER MARRIED WIDOWED DIVORCED	BAlto.	C 274 MD
5	BAHO.	11. NAME OF HOSPITAL, NURSING	DRESS	120 USUAL OCCUPATE	DE WORKING LIFE) INDUSTRY
400	STATE 136 COUL	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ALL NTY 134, CITY OR TOWN BALLO.	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	
,	DANGERFIELD	MIDDLE MERRI	15. MOTHER'S MAIDEN NA FIRST SUSANNA	MIDD(E	COLEMAN
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURI IVE WAR OR DATES) 2/807	17 10 BESSIE	Murphy	1027 RUTLANDA
	PART I. DEATH WAS CAUSE	inly one couse per line (ar (0), (b), and (ED BY: ARD/A	e Areest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSEQUEN	RATORY AR	REST	
	cause (a), stating the underlying couse last.	10 70 100	STATIC ("ANC		
		CONDITIONS CONTRIBUTING TO DE			
	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH O		200 AUTOPSY? YES NO□	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \sum \) NO
1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2}

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

21e PLACE OF INJURY

P.M

AT HOME, STREET, FACTORY, OFFICE FARM, ETC )

211 LOCATION

COUNTY STATE

NOI WHILE 220.1 certify that (1) (this hospital) attended the sow the deceased alive on abave, (1) (we) (did) (did not) view the body

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

that (I) (we) lost

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

22c DATE SIO

should be detached with the State Dept MPORTANT 23a. BURIAL, CREMATION,

236 DATE

DEGREE

23d LOCATION

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

(VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

os the buriol-tronsit per th ond Mental Hygiene. 18 sh

If Hem 21 is

2////

ectar, page 3 rs after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	- STATE REGISTRAR			CERTIF	ICATE OF	DEATH	8	REG. N	o. U	4.	3 0
	CEASED NAME EOR PRINT)	1 ,	MIDDLE -ee	m	ast orris	, Sr.	2a. DATE	Ja Ja	nonth	DAY YEAR (), 1985	20.110011
3. SE	× male	4. RACE Caucas	ian	5. DATE O	DAY	A22	6 AGE (#	YEARS LAST BIR	THDAY)	IF UNDER I YE	
1	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Virginia	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	_	MARRIED DIVORCED	9 BALTIM	imore	RCOUNT	OF DEATH	M
10 C	altimore	11. NAME OF	HOSPITAL, NURSII	NG HOME C	OR OTHER IN	6.70	12a. USUA	L OCCUPATION FOR MOST C	ON	FE) INDUSTE	OF BUSINESS OF
13a. M			13c. CITY OR TOV Brentwo	VN_	YES 🔀	CITY LIMITS?	3700	ADDRESS .		g Rd.	, 20722
F	ATHER'S NAME Frank A		Morris,		Je	R'S MAIDEN NA FIRST SSIE		WIDDIE		fahone:	
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (15 YES, G WW	IVE WAR OR OATES)	578-16-			Thelma					
	18 CAUSE OF DEATH (Enter of PART ). DEATH WAS CAUS IMMEDIA  Conditions, if any, which gove rise to immediate	ED BY: TE CAUSE (0)		rate	n Pne ntest	mon con	red.	\$		APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH I day 2 demp
NO	PART 2 OTHER SIGNIFICANT	(c)		mrc	Byan NOT RELAT		Nome	ASE OR CON	DITION GIV	VEN IN PART	lens
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERI	ORMED	200 AU	TOPSY?	IN CERTIF	S, WERE FIN FYING CAUS	DINGS USED SES OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI JE EITHER NOTHY MEDICAL EXAMIN 210. INJURY OCCURRED WHILE NOT WHILE AT WORK	PAY YEAR 19 FARM, ETC.)	21c. HOW		RED (ENTER	CITY OR TO		COUNTY	STATE		
	220.1 certify that (1) (this has sow the deceased alive o above, (1) live) (did) (did n			86	1-2 nd that in (m	y)(our) apinion	death occur	red on the d	30 ote and hou	19 <u>86</u> ur and Irom t	_, that (I) elos the causes stated
	22b. SIGNATURE	frul	(JO)cm	mg,	DEGREE	ATTENDING PHYSICIAN [	MEDICA DIRECTO	L STA		22c. DA	3187
7	22d. PHYSICIAN'S NAME (TYPE	deprint)	melsm	7	JL1		G-115.	Charl	es St	Balt	more 212:
	BURIAL, CREMATION, REMOVA (SPECIFY) Urial	23b. DATE 2-3-8				RCREMATORY Cemetery		TY OR TOWN	l, P.G	., Mai	ryladn State

DHMH - 16 60M 7/84

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending shauld be detoched for use as the burial-transit permit. Then please remove corbin with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re-

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death retained by the haspital or ottending physician.

injury, or other troumatic

IMPORTANT: If Hem 21 is morked or Hem 18 she

FRANCES GASCH'S SONS FUNERAL HOME, P.A. 4739 Baltimore Ave., Hyattsville, Maryland (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

requires that the death certificate be executed

040395

by the funeral director, page 3 filed within 72 hours after death

## STATE OF MARYLAND

111	FOR		EPARTMENT OF H	EALTH AND MENTAL HYG	IENE		
	ZETATE ZREGISTRAR		CERTIF	ICATE OF DEATH	8 REG NO.	0 1 4	3 /
	CEASED NAME FIRST	MIDDLE	l l	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
TYPE	OR PRINT)	ench -	M	MOSS	1111867		м
3 SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT DAY)	MONTHS DAYS	HOURS MIN.
	F	В	MONTH	20 05	8/	RS. MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COL	JNTY OF DEATH	
	USA	008	T WIDOWE	D DIVORCED	BAUT	city	MD.
10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	126 USUAL OCCUPATION (1YPE OF WORK FOR MQS1 OF WORK		OF BUSINESS OR
	BANT City	613	enty Mc	denta	Retina	7.	
	AL RESIDENCE (IF NURSING HOME OF		OR TOWN	1134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE. 1/ C	21215
	Mb.	Bo	alto	YES NO	4637 Pai	rR Hats	Aus apti
14. FA	ATHER'S NAME			15. MOTHER'S MAIDEN NA		1	
	Millia	WIDDIE	AIIC	FIRST	WIDDLE	Stank	Truck
16a V	VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDRESS	Charle	RANTA
(	YES NO OR UNKNOWN) (IF YES, GY	VE WAR OR DATES) 215-	-16-2500	Timmie, VY	bss 463'	7 Park	Heits Are
	18 CAUSE OF DEATH (Enter o	nly one cause per line for (c	)), (b), and (c)			APPROX	ONSET AND DEATH
	PART I. DEATH WAS CAUSE	ED BY:	DI IANUL G	o Conin	un allows	15	Constitution of the consti
	IMMEDIA	TE CAUSE (a)	20111100		)		
7		DUE TO, OR AS A CA	NSEQUENCE OF	whom (11	ront		
-	Conditions, if any, which gove rise to immediate	(b)	-03/10/	1110	17 027		
	cause (a), stating the underlying couse last.	DUE TO, OR AS A CO	INSEQUENCE OF				
	underlying couse last.	(c)					
4_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	0
ō		1000	n INF	THEE			
CA	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDI	
CERTIFICATION					YES NO NO	YES	NO D
E.	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	WE.L.	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART   OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	AIH	NTH DAY YEAR				
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	21e PLACE OF INJUR		21f LOCATION			
M.	WHILE NOT WHILE	JAT HOME STREET FACTOR	Y, OFFICE, FARM, ETC }	STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AI WORK		1	1 1 1 1 1 1 1 1		5-7	
	22a I certify that (I) (this hosp saw the deceosed alive or		1 11.	d that in (my) (aur) apparan	death accurred an the date and		that (It (we) last
	obove, (I) (we) (did) (did no		th.		- death accorded an the date and		
	226. SIGNATURE	()		DEGREE  AAY ATTENDING	MEDICAL STAFF	22c. DATE	SIGNED
	VIII	1 comm		PHYSICIAN [	DIRECTOR PHYSICIAN	1 14	8).
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			21043
	Man	LAND)	MO	40173	AUMAT AI	ce Ec	md
	BURIAL, CREMATION, REMOVAL	236 DATE	230 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
В	urial	1/6/87	Eastvie	ew Mem. Pk.	Dundalk, Me	1	STATE
	INERAL DIRECTOR	1 -7			FREC'D BY REGISTRARIZS RE		TIIDE

DHMH - 16 60M 7/84

BP

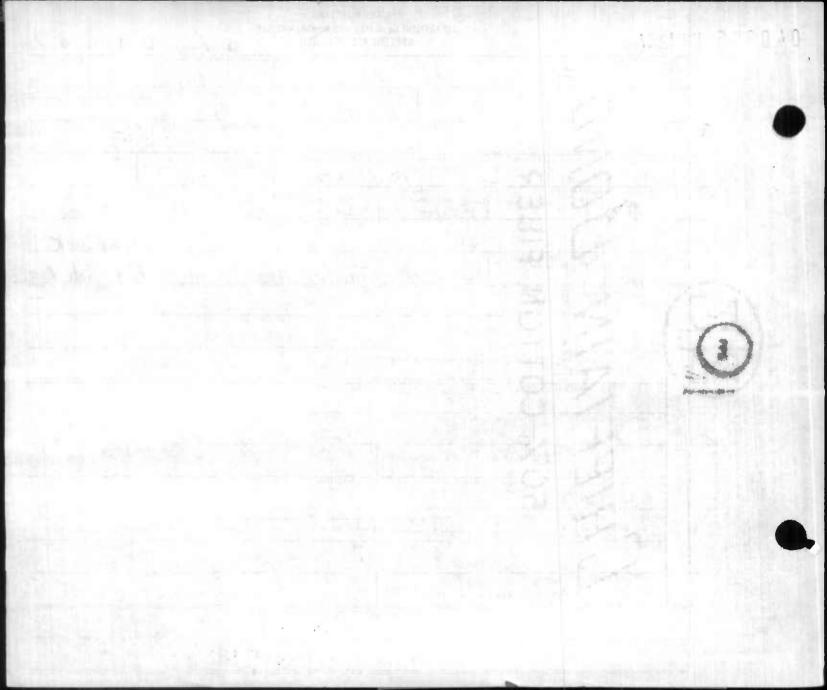
(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept of Health and Mental Hygiene prior to by MAPORTANT. If them 21 is marked or them 18 shows ony injust

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or otherding physician.

Wm C March F/H West

Wabash Ave. 4300



MIDDLE

- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 87 9 BALTIMORE CITY OR COUNTY OF DEATH

STATE OF MARYLAND

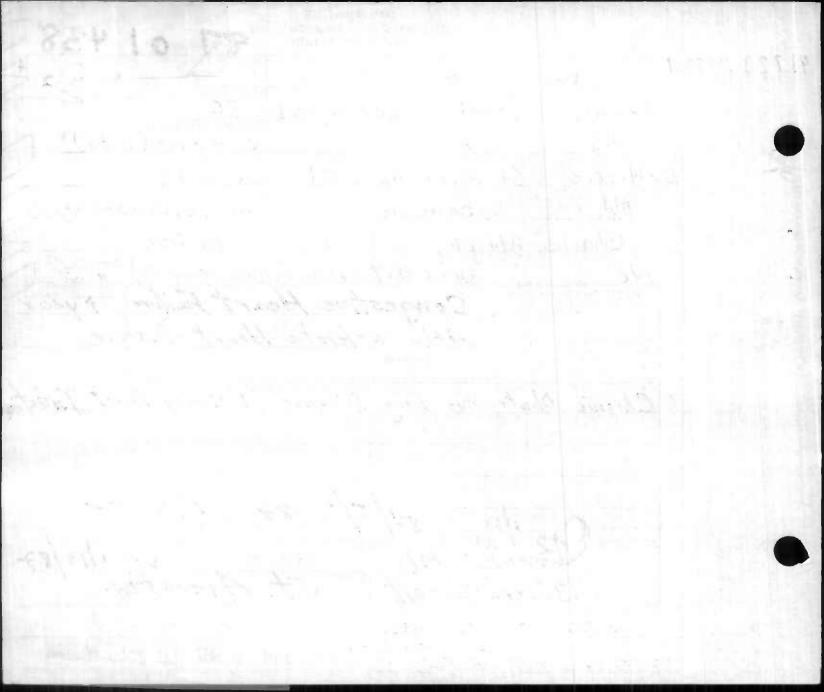
IN CERTIFYING CAUSES OF DEATH? NO I

COUNTY STATE

Burial 1-17-87 Daisy Cemetery

Daisy, Howard, MD

24 FUNERAL DIRECTOR 246 Nashington Julia Davidson Rondollo George R. Snowden Rockville, MD 20850



	1			STATE OF MARYLAND		
4 0 9 3 9 JAN	19	FOR STATE STRAR	DEPARTM	NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. NO	0 1 4 3 9
		CEASED NAME FIRST	(MERTA)	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
J +50		Jennie	E. M	urphy	1	9 87 M
pe 4 mo ector, pe rs others	3. SE	Female	Black	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 70	MONTHS DATE HOURS MIN.
Of the Ri	VA	COUNTRY)	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COU	ITY MD
5	BA	ALTIMORE	2539 W. Balt	imore St.	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK) RETIRED	NG LIFE) INDUSTRY
tilled in	30. S <u>M</u> ∏	TATE 136 COUNT	DITHER INSTITUTION GIVE RESIDENCE BEFORE BALTIMORE	N 136 INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS / ZIP C 2539 W. BALTIN	CODE MORE ST 21223
1150	4	THER'S NAME FIRST  M  TLIIAM  H	, SMITH	JENNIE	MIDDLE L.	PRICE
MAY!			var or dates) 166 SOCIAL SECUL 21632542		ADDRESS  ACK 4042 BOARMA	AN AVE. 21215
		PART I. DE ATH WAS CAUSED	one cause per line for (a), (b) and BY:  CAUSE (a)	4 11	Arrest	BETWEEN ONSET AND DEATH  5 Minhtes
death co othership ove carb fron, or i dumatic		Canditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF Gustric (cmc	4	6 month
that the diby the observent of, cremo		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
requires Then pl or to burn impery, o	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER/	minal disease or condition	GIVEN IN PART 110
he lave for the formal to the permit of the	HIFICAL	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
SECIAL SE	CAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEA	A IB PART I OR PART 2)
PHE	MEDI	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 211. LOCATION STREET 6	CITY OR TOWN	COUNTY STATE

220.1 certify that (1) (this hospital) attended the deceased fram 87 sow the deceased alive an abave, (1) (we) (did) (did not) view the body after death. ., and that in (my) (our) apinian death occurred an the date and hour and liam the causes stated 22b. SIGNATURE DEGREE 220 DAJE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22d PHYSICIAN'S 22e ADDRESS

PORTANT

DHMH - 16 60M 7/B4 (VRA 15, 4)

1/16/87 230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

24 FUNERAL DIRECTOR

NAME

13. NAME OF CEMETERY OF CREMATORY LOUDON PARK CEMETERY

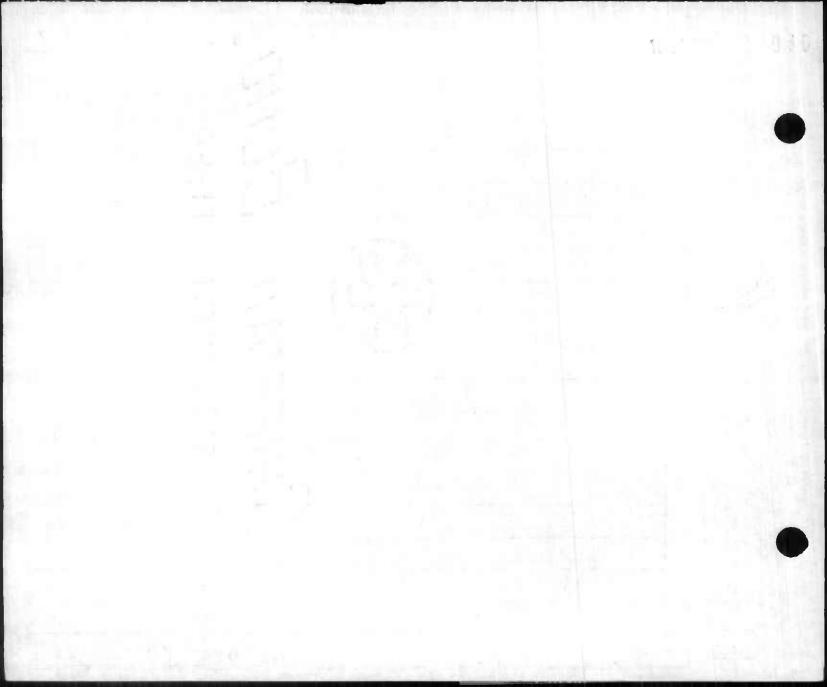
BALTIMORE CO.

STAMIC

250 PATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

W. C. March F.H. 1101 E. North Ave. JAN 6

COUNTY



## STATE OF MARYLAND

EPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	- 8

LAST	20. DATE OF DEATH MONTH	DAY	YEAR	2b HOL	JR
muse	011	11 .	87	545	50
DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIVEAR	IF UNDER	REZU HR
10 17 33	53 YRS.	MÖNTHS	DAYS	HOURS	MIN
MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		

1	Emma	c m	use	0,	1 11 87 54501
1	SEX F	S. DATE O		6. AGE (IN YEARS LAST BIRTHD	YRS.
14	EBRIHPLACE   HATE OF TORLION 76	CITIZEN OF WHAT COUNTRY? MARRIED WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR C	CITY OF DEATH
1 10	BAH MIRC	NAME OF HOSPITAL, NURSING HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
	SUAL RESIDENCE OF NUMBER HOW ON OTHER	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN BAHIENORE	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / Z	Patton Ase
7	FATHER'S NAME	15 PENSHAW	15 MOTHER'S MAIDEN NAME FIRST	MĒ	Williams
16	WAS DECEASED EVER IN U.S. ARME		EPNI 457	Keen 1339	R.F. How Have.
	Conditions, if any, which gave rise to immediate cause (a), shoring the underlying cause last	Well and a mena	Metrophe Be	enst Griums	mA
1		NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERM	inal disease or condit	ION GIVEN IN PART 110
	1% DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	OB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
-0.0	an communication [7] constants	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY I	NITEM 18 PART I ORPART 2)
The state of	214 INJURY OCCURRED  WHITE HOW WHITE  AT WIDES  AT WORS	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	22a 1 certify that (1) (this hospital) sow the deceased alive on ahave (1)/(we) (did // did not) v	1-11 19 82 00	, , ,	, to	ond hour and from the causes stated

STAFF
PHYSICIAN 22e ADDRESS

274 PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL BURIAL

FOR STATE REGISTRAR

mound 23b. DATE 1/17/86

234 NAME OF CEMETERY OR CREMATORY
King Memorial

Rand Testown

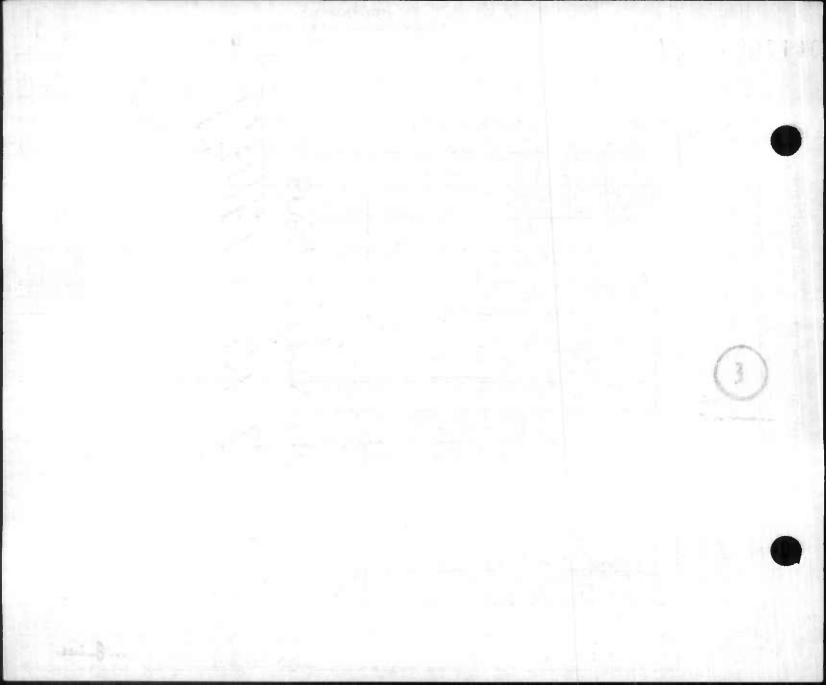
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24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

W.C. March F.H. 4300 Wabash ARVe.

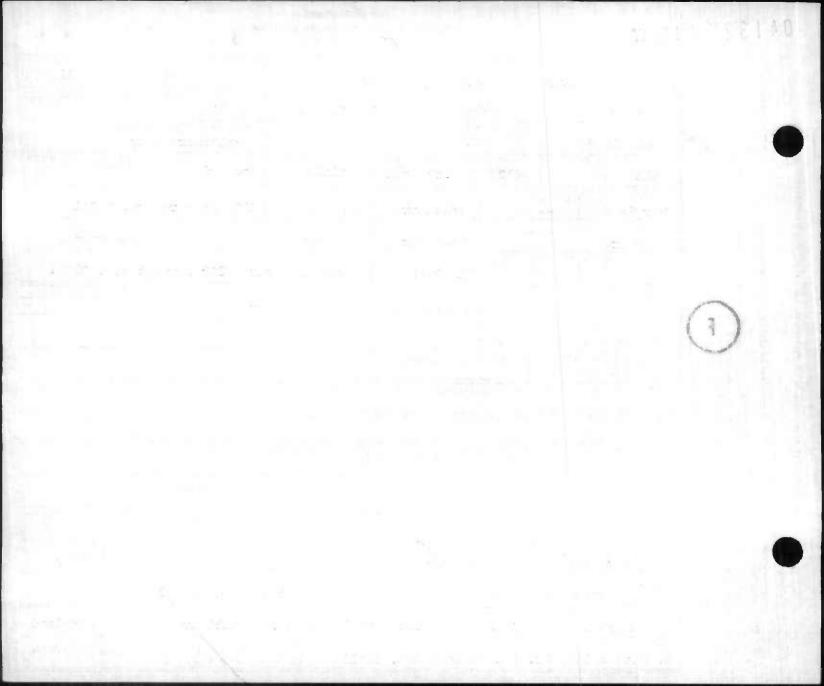
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MAKILAND								
DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
CERTIFICATE OF DEATH								

8 7	REG. NO.	0	į	4	4
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325 JA	112	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 7 O	1 4	4 1
Nous after death		CEASED NAME FIRST		MIDDLE	ė.	AST	20 DATE OF DEATH MONTH		2b HOUR
		Clar	a M	ary	Mye	ers			11:00
1500	3. SE	x Female	4 RACE Whi	te	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 72		HOURS MIN.
15	,7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore Ci		ME
		altimore		HOSPITAL, NURSIN HEACHITY GIVE STREET NEWPORT		or other institution 21211	12a USUAL OCCUPATION (HOUSEWITE OF WORKING	126. KIND OF INDUSTRY	BUSINESS OR
ALT.	130.	AL RESIDENCE (IF NURSING HOME STATE 136 CO (aryland		GIVE RESIDENCE BEFORE 130. CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS?	13. SIREET ADDRESS / ZIP CO 4329 Newport A	ve. 2121	L
ž	14. F.	ATHER'S NAME FIRST	MIDDLE	Killande	er	15 MOTHER'S MAIDEN N	NAME MIDDLE	Schoenad	lel
1		WAS DECEASED EVER IN U.S.		166 SOCIAL SECU		17 INFORMANT	ADDRESS	-	
		YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	214-07-3	3282	Horace L. N	Myers 4329 Newpor	t Ave. 23	1211
shows any injury, at an	CERTIFICATION	couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION	(c) T CONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TE		ES, WERE FINDING	
1	E	21g. ACCIDENT WAS UNDERLYING	☐ 21b. TIME C	of hillipy		In how himsy occ		YES 🗌	NO []
2		OR CONTRIBUTING CAUSE OF	DEATH HOUR A	M. MONTH DA	YEAR	ZIE HOW INJURY OCC	JRRED (ENTER NATURE OF INJURY IN ITEM 18	: PART T OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a.t certify that (1) (this has sow the deceased alive	111	3 19	7		on death accurred on the date and ha	. 19, the our and from the co	ouses stated
1		22d PHYSICIAN'S NAME (148	E OR PRINT)	ams		ATTENDING PHYSICIAN 226 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/17/2	77
IMPORTANT		Richard L	. Diamond	đ		3547 Chest	nut Ave. 21211		
	23a.	BURIAL, CREMATION, REMOV.  (SPECIFY)  Burial	23b. DATE 1/21/8			EMETERY OR CREMATOR National Cem	CATY OR TOWN	county Ma:	ryläñd
7/84		uneral director Alan Seitz,	Jr. 3818	Roland A	ve. 2	1211 25a. D	JAN 19 1987 July	STRAR'S SIGNATUL	Rondock



FOR 1 - STATE A REGISTRAR . DECEASED NAME LTYPE OR PRINTS

IL FATHER'S NAME FIRST

76 CITIZEN OF

1. NAME OF

136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

230 BURIAL, CREMATION, REMOVAL

18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (0)\_\_\_

23b. DATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 7 REG. NO. 0 1 4 4 2
MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR TO HOUR
IA V. MYERS	1-2-87V M
ACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
CAUC. NONTH - DAY - YEAR	78 YRS MONTHS DAYS HOURS MIN.
ITIZEN OF WHAT COUNTRY? 8 MARRIED   NEVER MARRIED   WIDOWED DINORCED	PALTIMORE CITY OR COUNTY OF DEATH  BALTIMORE CITY  MD.
NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  14 5. MAJERIA ST.	178 USUAL OCCUPATION 178 MIND OF BUSINESS OR (TYPE O WORK FOR MOST OF WORKING LIFE) INDUSTRY
R INSTITUTION GIVE RESIDENCE BEFORE ADMISSION]  13 CITY OR TOWN  13d. INSIDE CITY LIMITS?  YES TO NO	130 STREET ADDRESS, ZIP CODE 214 St. 21231
TAEGLER ROSE	MORGAN LAST
FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ELIZABETH	CRUMP INWOOD W. YA.
e cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AUSE (0) Carchiae anost	
DUE TO, OR AS A CONSEQUENCE OF	Michigan years
DUE TO, OR AS A CONSEQUENCE OF	
(c)	
DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	
196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?   206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO

Conditions, if any, which (d) gave rise to immediate cause (a), stating the DUE TO, OI underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS C IFICATION 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 19 21d, INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STATE COUNTY CITY OR TOWN (AT HOME STREET FACTORY OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK that ( we) last manul 220 1 certify that (1)(this hospital) attended the deceased fram sow the deceased alive on the deceased alive on above, (1)(we) (did) aid not view the bady after death. and that in (my) (our) apinian death accurred an the date and hour and fram the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MU 22e ADDRESS 228 PHYSICIAN'S NAME (TYPE OR PRINT) CHI-SHIANA 100 N. Breading C 432

DHMH - 16 50M 4/83 (VRA 15, 4)

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FEMILES CHARLE IN IE-2- CE Controlled And a MALBOUR ST. In account TENNES OF THE PROPERTY OF THE NO LEADER THE THE PARTY OF THE WARRANT 1/2/2 SECRET COURTS SERMING CHY BB. the well to prove the second second to the second production than

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(VRA 15, 4)

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2 15-42-590 Erthur I. Nacc

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. N	40. <b>O</b>	1	de j	4	gh.
ATE	OFDEATH	ALCONITUS.	DAY	VE AD	01 110	10

)630 JAN	4	FOR STATE REGISTRAR			DEPARTA	AENT OF I	EALTH AND MENTAL HYC	SIENE 8 / REG. NO.	0	1 4	4 4
± 30 e 0		CEASED NAME E OR PRINT)	FIRST DO	OROTHY	M.		NASH	20. DATE OF DEATH	1-10-	20	NOUR SILS
ge 4 moy be ector, page rs offer deat	3 SE	x FEMALE		4. RACE WHI	ITE	5. DATE (	111- DAY 10- YEAR 11	6. AGE (IN YEARS LAST BIRT			UNDER 24 I
deoth. Por		RTHPLACE (STATE OR COUNTRY) Maryland	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY OF		F DEATH	
by the full wife of the following with the followin		SALTIMORE	ATH		HOSPITAL, NURSIN CHEACHTE CHEST		DR OTHER INSTITUTION	12g USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Claims Dept	WORKING LIFE)	126 KIND OF B INDUSTRY S.S. A	
filled in hould be	13a	al residence (# NUR: STATE Maryland	13b. COU		Balto.		134 INSIDE CITY LIMITS?	134 STREET ADDRESS / 6225 Tork		21212	
ompletely omd 2 sl		William		MIDDIE T.	Gingrich		15. MOTHER'S MAIDEN NA FIRST Evelyn	A .		Horr	igar
on one constant of the second constant of the		WAS DECEASED EVER YES, NO OR UNKNOWN) NO		RMED FORCES?	218-01-87		Mr. John H.	Nash 427 W		bin_Dr.	210
The death of the control of the cont		Conditions, if ony gove rise to im couse (01, static underlying cause	mediate ng the e last	(b) DUE TO, O	OR AS A CONSEQUE	NCE OF	ge COPD NOT RELATED TO THE TERM	ninal Disease or Coni	DITION GIVEN	IN PART 110	
The low requirements of the permit is permit. It is permit to the permit is permit to the permit is permit to the permit is permit in the permit is permit in the permit i	CERTIFICATION	19a DATE OF OPERA				OPERATIC	n was performed	70a AUTOPSY?	IN CERTIFYIN YES (		USED DEATHS
HYSICIAN: Ti iding physicians certificate buriol-transis i Mental Hygi or Item 18 sh	MEDICAL CE	21a. ACCIDENT WAS UN OR CONTRIBUTING [ (IF EITHER, NOTIFY MED 21d. INJURY OCCUR	CAUSE OF DE	ATH HOUR A.  R) P.  71e. PLACE	.M. MONTH DA .M. OF INJURY	19	21c. HOW INJURY OCCUR			ORPART 2)	
NDING PI I or otter R: After th use os the leolth and	W	WHILE NOT WAT WORK 220.1 certify that (1)	ORK		he deceased from		STREET	CITY OR TOV	, 19		STAT
TAL OR ATTEI y the hospito RAL DIRECTOI detoched for tote Dept. of H		22b. SIGNATURE	did) (did no	ot) view the body	ofter death.			MEDICAL STAF	F /	22c. DATE SIG	
retoined by TO FUNER, should be owith the Ste		22d PHYSICIAN'S N	07	SHARAK	PA, M.D			eimm Hosi	1560,	loup	RAN
BP		BURIAL, CREMATION, (SPECIFY)  Burial	REMOVAL	236. DATE 1/13/			Ridge Cemete:	23d LOCATION CITY OR TOWN Pikesvi		Balto.	Mc

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
RUCK Tousan

LOSO YORK Rol.

JAN 12 1987 July Dender &

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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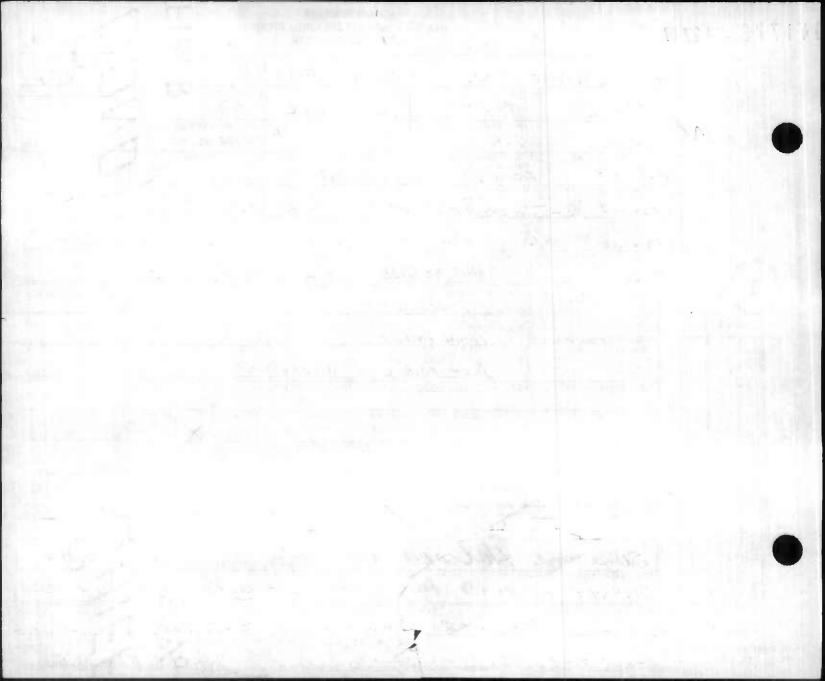
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1. DE					REG. NO			
LIVPE	CEASED NAME FIRST	MIDDLE	LAST	1 1-	20 DATE OF DEATH		2b. HOUR	
	KI Clarence	. V.	Neal	1 50.		1 20 8	2.15	
3. SE		RACE	5. DATE OF BIR		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1	YEAR IF UNDER 24 F	
	MALS	WHITE	MONTH 12	THE PIE	53	YRS	DAYS HOURS A	
		CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY OF	- /	TH	
	ARYLAND	USA	WIDOWED [	DIVORCED [	Baltimon	e City		
Bo	altimore //		key Hosp		120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF		IND OF BUSINESS STRY	
13a. S	AL RESIDENCE (IF MURSING INTO STATE 136 COUNTY	Y 13c CITY OR TO		INSIDE CITY LIMITS?	130 STREET ADDRESS /	ZIP CODE	31320	
00	ATHER'S NAME FIRST  ARENCE  V	Neal Neal	Sr. 15. A	MOTHER'S MAIDEN NA MINNIE	ME MIDDLE	Newha	user	
	WAS DECEASED EVER IN U.S. ARMI		URITY NO. 17. I	INFORMANT	ADDRE	SS		
1 8	(15 YES, GIVE V	WAR OR DATES) 215 30	5935	Fam:	in Reco	ROS		
-	II CAUSE OF DEATH (Enter only	30		1 101.11	KI KILU		PPROXIMATE INTERVAL WEEN ONSET AND DE	
CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT			20b. IF YES, WERE F	, WERE FINDINGS USED YING CAUSES OF DEATH	
三三							USES OF DEATH?	
ERTIFIC			1216	HOW INJURY OCCUR	YES NO	YES 🗌	NO [	
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIET WEDICAL EXAMINER)	21b. TIME OF INJURY	DAY YEAR	. HOW INJURY OCCUR		YES 🗌	NO [	
MEDICAL CERTIFIC	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19	E HOW INJURY OCCUR LOCATION STREET	YES NO	YES T	NO (	
EDICAL	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER)  214. INJURY OCCURRED  WHILE NOTIFY NOTIFY INTERPRETATION OF THE PROPERTY NOTIFY INTERPR	216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE	DAY YEAR 19 211 FARM.EIC ) 211 27 ond the	LOCATION STREET  , 19 87 at in (my) (our) opinion	YES NOW RED (ENTER NATURE OF INJURE CITY OR TOX death occurred on the do	YES THE VINITEM IS PART FOR PA	NO DEATH? NO DEATH? NO DEATH? NO DEATH?	
EDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this hospital saw the deceosed alive on above, (I) (we) (disc) (and not)  22b. SIGNATURE  SUSAMME  22d. PHYSICIAN'S NAME (TYPE OR P.	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21a. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE VIEW the body offer death  AULIAN PRINT)  CLEROYD  MARCOYD   DAY YEAR 19 211 3 87 and the	ot in (my) (our) opinion  REE  ATTENDING PHYSICIAN [	YES NOW RED (ENTER NATURE OF INJUR  CITY OR TOV  death occurred on the do	YES TO Y IN ITEM IS PART LORPA  VIN ITEM IS PART LORPA  VIN COUNTY  Ite and hour and fro  2226  FALSE  I A A A A A A A A A A A A A A A A A A	NO DEATH?  NO DEATH?  NO DEATH?  It is that (I) (we may the causes state)  DAJE SIGNED		

12MORIES HARFORD

DHMH - 16 50M 4/83 (VRA 15, 4)

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ed in by the funeral director, page 3 ld be filed within 72 hours ofter death

ing physician and crban papers. Pages

4 may be

STATE OF MAKTLAND	TE OF MARYLAND
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/	U	-	4	
REG. NO.				

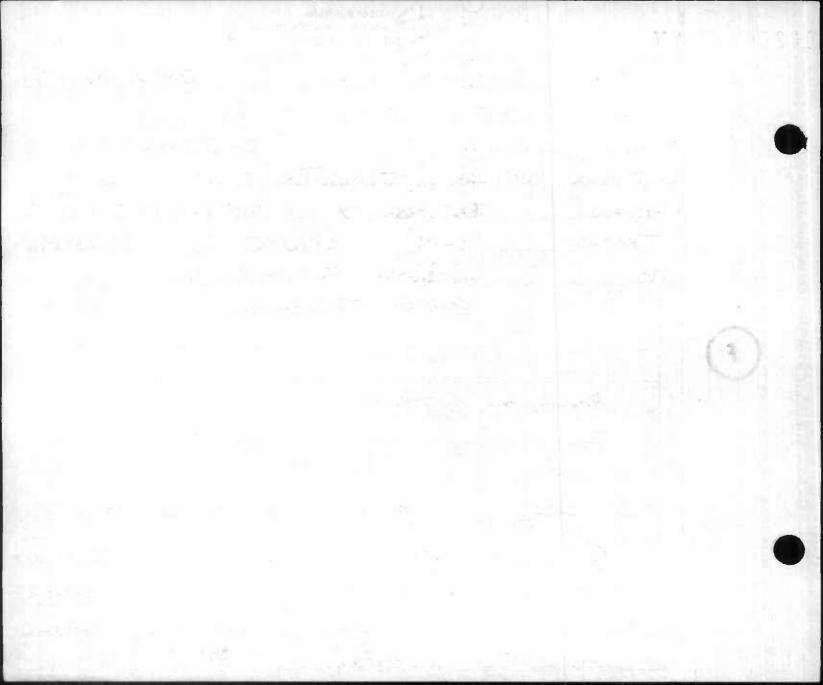
LU F	167STATE REGISTRAR	CE	OF HEALTH AND MENTAL HYC RTIFICATE OF DEATH	REG. NO.	1441
3. 3. 7o. 7o.	DECEASED NAME TYPE OR PRINT)  SEX  BIRTHPLACE (STATE OR FOREIGN COUNTRY)  CUITY OR TOWN OF DEATH  SALT MORE	76. CITIZEN OF WHAT COUNTRY? 8		6. AGE (IN YEARS LAST BIRTHDAY)  9. BALTIMORE CITY OR COUNT  BALTIMORE CITY OR COUNT  CALL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OR
Tamper unter	SUAL RESIDENCE (IF NURSING HOME TO STATE  ARYLAND  FATHER'S NAME FIRST  HOMAS  WAS DECEASED EVER IN U.S.	BALTIMOR NEARY	13d. INSIDE CITY LIMITS? YES NO  15. MOTHER'S MAIDEN NA FIRST	130 STREET ADDRESS / ZIP COD 2107 LAKS M ME MIDDLE  ADDRESS  A RSCOROS	POVE 2007
injury, or officers and its event, the	PART I. DEATH WAS CAU IMMEDI  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE  (c)  T CONDITIONS CONTRIBUTING TO DEAT	OF  OF  H BUT NOT RELATED TO THE TERM		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  5" DAYS  VEN IN PART Tro
MeDICAL CERTIFICATION	00.00.00.00.00.00.00.00.00.00.00.00.00.	DEATH NER) P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM. E	YEAR 19 216 HOW INJURY OCCUR 19 216 LOCATION STREET	YES NO IN CERTI	COUNTY STATE
MPORTANT: If them 21 is mo	saw the deceased alive	med gu	, and that in (my) (00m) apinion  DEGREE  ATTENDING	death occurred an the date and ha	ur and fram the causes stated  226 DATE SIGNED  JAN28, 1487
23	BURIAL, CREMATION, REMOVE BURIAL BURIAL FUNERAL DIRECTOR NAME VANS CHAPS	1-31-1987 <u>USM</u>	E OF CEMETERY OR CREMATORY  LATHSO RAD  ROAD  PARTORO	23d LOCATION CITY OF TOWN BALT TORE TERROR D. BY REGISTRAR 236 REGIS 1987	TRAR'S SIGNATURE  Accident Pendice

DHMH - 16 60M 7/84

should be detached for use as the burial-transit permit. Thins with the State Dept. of Health and Mental Hygiene prior in the TO FUNERAL DIRECTOR: After this certificate has been

(VRA 15, 4)

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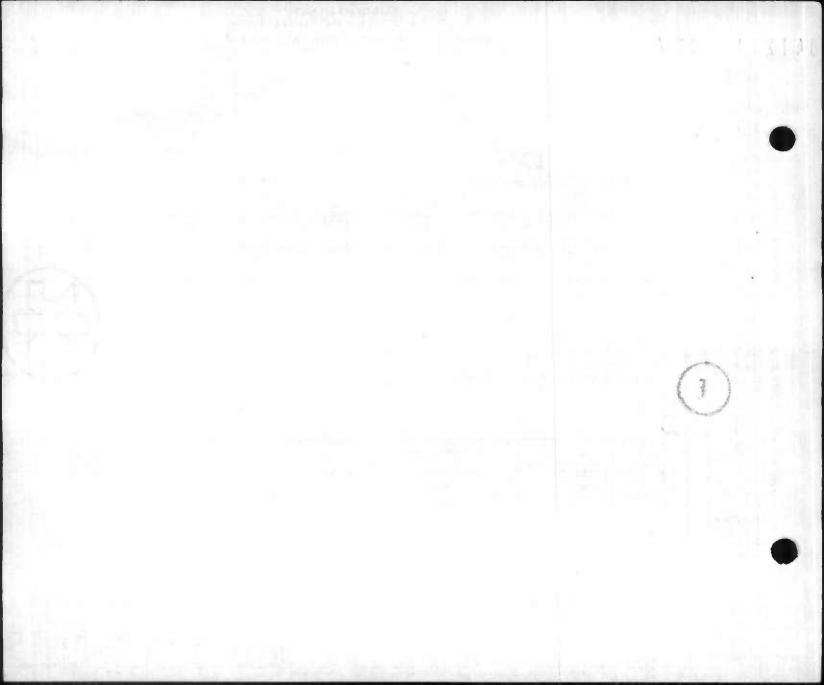


March F.H. Wabash Ave.

**DHMH - 17** 

(VR A15 ME (5))

UAN 1 6 1987



2874 FE		FOR - STATE - REGISTRAR			CERTIF	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	REG. N		4	4 9
y be ge 3 feoth		CEASED NAME VIE	RGINIA	MIDDIANNA		NEWMAN vman	20. DATE OF DEATH  Janua.			11:40 <sub>pm</sub>
moy poor	3 SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
ge 4	F	'emale	Negro		Sept		87	YRS.	VIHS DAYS	HOURS MIN.
Poge direct		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY		DEATH	
deoth.		Maryland	USA		WIDOWE		Baltimore	City		MD
		ITY OR TOWN OF DEATH	11. NAME OF		G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
s often	1	Baltimore	Mary.	CHEACILITY, GIVE STREET A	cal Ho	spital	(TYPE OF WORK FOR MOST O	OF WORKING LIFE)	Retir	ed
hour be f	USU	AL RESIDENCE (IF NURSING HOME STATE 13% CO		. GIVE RESIDENCE BEFORE						
24 h		Maryland	ONT	Baltimor		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS .	sylvan:	ia Ave	. 21201
thin thin		ATHER'S NAME		1		15. MOTHER'S MAIDEN NA	ME			
be du complete		Edward	MIDDLE	Palm		Mary	WIDDLE		Chas	e
d col		WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	ESS	21	212
Poge Poge	(	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	137-18-1	719	Margaret J.	Garrett 51	10 Ken	ilwort	h Ave.
res that fire death certificate Red by the areafung physics Bless semice corbon paper Fresh that is a corporation of temoval.		Conditions, if ony, which gove rise to immediate couse Io1, stating the underlying couse lost  PART 2 OTHER SIGNIFICAN	DUE TO, C	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	IINAL DISEASE OR CON	DITION GIVEN	IN PART Iro	
ogui The injur	ON	Renal Failure								
he low right.	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WIN CERTIFYIN	G CAUSES	
PHYSICIAN: T ending physici this certificate te burial-tronsi ad Mental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A	DF INJURY M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART ?)	
offer this os the but hond M	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO		COUNTY	STATE
Spitol or CTOR: A Ifor use of Heoli		220 I certify that A this has sow the deceased alive. above, A twe (did) (did	spitol) ottended the January mon January	he deceased from 5 4 31, 19 8 y ofter death.	Januai 37	<u>19 20 , 19 87</u> d that in (XX(our) opinion	to <u>Januar</u> deoth occurred on the d		87 , t nd from the c	hatXIX (we) last couses stated
ITAL OR A the ho by the ho RAL DIRE. detoched tote Dept. NT: If herr		226. SIGNATURE	weh f	way		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAI DIRECTOR PHYSIC		Peb /	1987
O HOSPITA TO FUNERA should be da with the Stor		Tzong-Yueh H	wang, M.	D.		27e ADDRESS Maryla	and General	Hospit	al	
E P S S	22- 0	TIDIAL COEMATION DEMON	AL DAYS	22	ALLE OF C	LIFTERY OR CREW LEGG.	Test Location			

24. FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

231 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236 DATE 2-4-87 Mt. Zion Cemetery Burial

Baltimore City, Maryland

Marshall W. Jones, Jr. FH 4101 Edmondson Ave.

250 DATE REC D. BY REGISTRAR 256 REGISTRAR & SIGNATURE LANG.

120711 33 ELSE MIN MINISTERIO A section of her fermi 121 07ERD5 is all all the second of the second of the second second and the second second and the second Latinge Civ. day land estendil . Comes, or . I il ad operson. . . .

## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN 26 HOUR (TYPE OR PRINT) ESTI-IS NECESSARY, PLEASE— E FUNERAL DIRECTOR. E S FOR YOUR FILES. C ED, WITHIN 72 HOURS W. PRESTON STREET, C NEWION 1-20-87 MARIE DEATH MATED 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) MONTHS YEAR PRONOUNCED Black Female 1-20-87 0:25A 9 20 66 YRS DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY: 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED [ DIVORCED ANY DELAY IS NE AND 3 TO THE FUN RETAIN PAGE 5 F OULD BENIED, W Baltimore City ID. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIEE) Baltimore 427 E. Lafayette Avenue USUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13c. CITY OF TOWN 13a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 1402 Traction St. MD Baltimore IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE Kertley Alice Winston Bond 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) No 220-09-4872 Gwendolyn Peterson 102 S. Morley St. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WILL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENDER 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINATION OF PUNEAR LINECTOR: PAGE 3 SHOULD BE USED AS A BURGAL-SHIFTEN DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR RE gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [] NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, EACTORY, EARM, ETC.1 CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Natural causes X Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 1-20-87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 PennStreet (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY Balt Pribre 23a BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY MD 1/24/87 Eastview Mem. Park Burial 07/84 BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAD 25) REGISTRAR'S SIGNATURE Wm. C. March F/H, Inc. 1101 E. North Ave. **DHMH** - 17 (VR A15 ME (5))



	131				STATE OF MARYLAND			
9-9-1-7		1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 / REG. NO.	0   4 5	
1 24	JA	1.00	SEAGED NAME INC. E	EXPANSION OSE	Niemczycki	2ª DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
on offer a	X	1.50	Male	white	S DATE OF BIRTH  MONTH  BAY  THAN  2 3 25	6. AGE (IN YEARS LAST BIRTHDAY)		
deoth P	33		Maryland	76. CITIZEN OF WHAT COUNTRY	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Dr. Himay	City MD	
toy the fight will be	33		BALLERY (	Vederana Ada	ing home or other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK H	126 KIND OF BUSINESS OR INDUSTRY Vational Can	
y filled in	35	13a. 5	no MA	Lingre Dund	YES NO 10	13 STREET ADDRESS / 20/	ODEMaple Ave.	
complete	30	)	John John VAS DECEASED EVER IN U.S. AL	Nienczyc/	15. MOTHER'S MAIDEN N	ADDRESS	Kurek	
be seed on and of Poges	7		es no de considerant	7.20000 2/4 20	3640 Lillian D.G	nau 6536 Belle	Vista Ave. 21206	
1000			PART I. DEATH WAS CAUS	inly one cause per line far (a), (b), c ED BY. ATE CAUSE (o)	a jaul monny	ARKIZ	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Talen.	Their please remove to the burief of their please of their traumation of their traumations			Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEO	UENGE OF AN /4 Y		
ed by the				cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	25N		
een vign it. Then you to bu		ATION	PART 2 OTHER SIGNIFICANT	and a	D DEATH BUT NOT RELATED TO THE TER		GIVEN IN PART 11a	
The low into the hos b must perm rigiene pr	4	CERTIFICATION	71a. ACCIDENT WAS UNDERLYING			YES NO NO NIEN	PRTIFYING CAUSES OF DEATH?  YES NO NO	
SECIAN Eng phys seetifics secial res Mental Hy	9	MEDICAL C	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	LEMEN MATURE OF INJURY IN 115W	(18 PARTIORPARTZ)	
After this south and a		MEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) STREET	CHTY OR TOWN	COUNTY STATE	
hospital hospital biRECTO- ched for bept. of Hem 21 i		9	saw theideceased olive o	n 2 19. ot) view the body after death.	V	n death occurred on the date and	hour and from the causes stoted	
the Deto		1	224-PHYSICIAN'S NAME (TYPE	M Mb	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1/24/87	
retained by TO FUNERA should be de with the Stat			5 Karr	no			/ /	
BP		(	URIAL, CREMATION, REMOVA SPECIFY) Burial UNERAL DIRECTOR	1 23b DATE 23c	Holy Rosary	236 LOCATION DUNCAUR, Bal ATE REC'D. BY REGISTRAN 236, RE	COUNTY STATE	
DHMH - 16 60M 7, (VRA 15, 4)	/84			r & Son Inc. 622		N 28 1987 Juli	4.5	

1-21-2 = 11 = 2-12-13 man sec x 

07/84 25M

FOR STATE

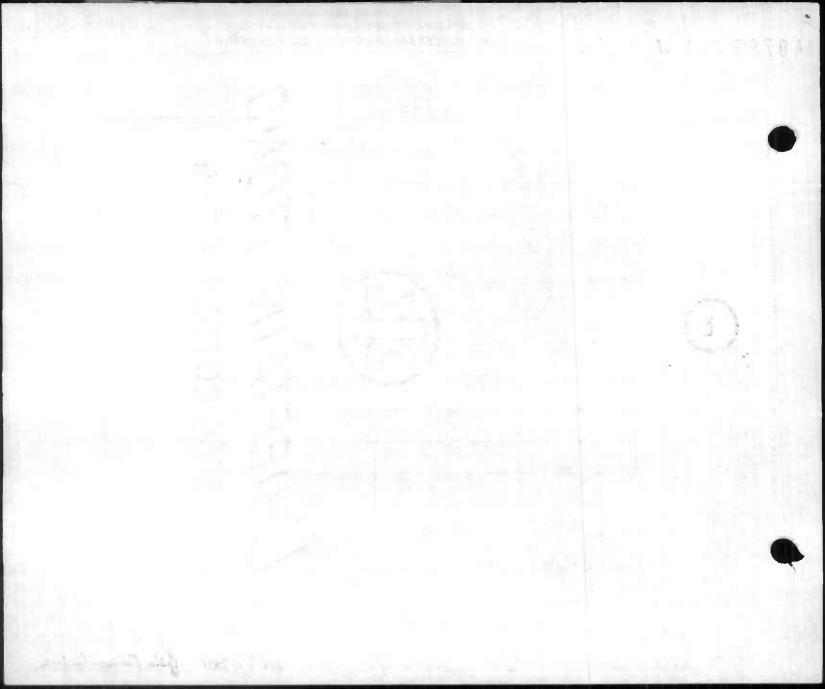
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	STATE	OF MARYLAND
DEPARTMENT	OFHE	ALTH AND MENT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EX AMINER'S CERTIFICATE OF DEATH /

0	1	de	5	2
REG. NO.	6			

N IB	HEGISTRAR	MEDI	CAL EXAMINER 3	CERTIFICATE OF		
	DECEASED NAME FIRST	MI	IDDLE	LAST	OF ESTI-	ONTH DAY YEAR 26 HOUR
	LES	LIE M.	. NIXON		DEATH MATER	1-7-8719
1. S	SEX 4. RACE	5. DATE OF BIRTH	6. AGE IN YEARS IF	UNDER 1 YR. IF UNDER 24	THRS. 2c DATE MO	ONTH DAY YEAR 24 HOUR
1	MALE COL 2	6-26-E		NTHS DAYS HOURS A	PRONOUNCED DEAD	1 7 07 10 ( 200
	BIRTHPLACE (STATE OR	76. CITIZEN OF WHAT	COUNTRY2 Is		A BALTIMORE CITY OR CO	1-7-87 19 6:30PM
17	PALTIMORE MO	4.5,6	2	RRIED NEVER MARRIED		itaz
	CITY OR TOWN OF DEATH		AL, NURSING HOME, OR O		20 USUAL OCCUPATION (TYPE OF W	
	Baltimore	717 Druid	Park Lake Di	r. Apt.1304	FOR MOST OF WORKING LIFE)	OR INDUSTRY
	UAL RESIDENCE (IF IN NURSING HOME OF STATE 13b COUN	TY [13	ESIDENCE BEFORE ADMISSION) BALTIMORE	13d INSIDE CITY LIMITS? 1:	30 STREET ADDRESS 717 DRUID LARE	DRIVE ADT 1384
3	FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN	HIDDLE	LAST
K	00	XON		MATTIE	MCCLAIN	
160	. WAS DECEASED EVER IN U.S. AR/ (YES, NO, OR UNKNOWN) (IF YES, GIVE		66. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
L	No		218 26 7543	MRJOHNAYI	M. NIYON 1052 EL	LICOTTIJR 21316
	18 CAUSE OF DEATH (Enter on	y one cause per line far	(o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED	re CAUSE (a) Art	eriosclerotic	c cardiovascu	ılar disease	
1		DUE TO, OR AS	A CONSEQUENCE OF			
1	Conditions, if ony, which gave rise to immediate	(b)				
1	couse (o) stating the under-	DUE TO, OR AS	A CONSEQUENCE OF			
	lying couse lost.	(0)				1 1 1 1 1 1 1 1 1
	PART 2 DINER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISC	ASE OR CONDITION GIVEN IN PART 1	1 0	
2						
CERTIFICATION	190 DATE OF OPERATION	I 196. CONDITION	N FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
H						
1 5	210 EXTERNAL CAUSE WAS	21b. TIME OF IN.	IURY 21c	HOW IN ILIPY OCCUPRED	ENTER NATURE OF INJURY IN ITEM 18 PART T	YES NO E
		HOUR A.M. M	NONTH DAY YEAR	THE WASHING COUNTED	TELLIFE CO. INSTITUTION TO LIKE !	ORTHRIZ)
MEDICAL	CONTRIBUTING CAUSE OF I		NJURY (ATHOME. 21f. I	OCATION		
ME	WHILE NOT WHILE	STREET, FACTORY,		STREET	CITY OF TOWN	COUNTY STATE
	AT WORK AT WORK	7				
	220 I certify that I taak charg	e of the remains describ	ed above, held an Aut	apsy . Inspection	X. Inquiry and in r	my opinion
		V	cillent . Suicide		Undetermined manner	.,, .,
	A I	Α .	distance L	TITLE (SPECIFY)	Onderermined mariner	
	ACTUAL OLIV	Llo. The	Tall.	Assistant	D	DATE 1-8-87
1	SIGNATURE	7-0	1.0-0	M.D.	_MEDICAL EXAMINER S	IGNED
	EXAMINER'S NAME	Margarita	A. Korell, M	D	111 Penn Street	
22	(TYPE OR PRINT)					
230	(SPECIFY)	1 - 12 87	MT ZIUN C		23d. LOCATION	COUNTY
-	LAUSIN L	1-12.01	11111040		BALTO CO	, MO
24.	FUNERAL DIRECTOR	_ ADDRESS .		230. DATE REC	C'D. BY REGISTRAR 256 REGISTRA	
L	MERPHL. RUCE	2222 Wil	JORTH HUR	LAAL	1 2 1007 1.4.1	Tindow Polace



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OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the hospital or attending physician

# 041229 JAN 20 PATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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8	O	1	Circle	-
REG. NO.				

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(	TYPE OR	RPRINT	Helen	м.	Noac	ck			1	10	4 87	11:3	50 A.
3	SEX		4 RACE			OF BIRTH		6 AGE INY	EARS LAST BIRTHDA		UNDER I YEAR	_	-
		Female	V	Vhite	Jar		1927	0.00	60	YRS	NIHS DATS	HOURS	MIN
70		HPLACE (STATE OR FOREIGN		F WHAT COUNTR	RY? 8. MARRIE	ED NEVER	MARRIED -	9 BALTIMO	RE CITY OR CO	-			
1		aryland		J.S.A.	WIDOW		VORCED [		timore	Ci			٨
2 10	CITY	OR TOWN OF DEATH		HOSPITAL, NUR		OR OTHER INS	TITUTION		OCCUPATION K FOR MOST OF WO		IZE KIND I	OF BUSIN	ESSC
		timore City RESIDENCE (IF NURSING HOME)		Jnion Mer			al	Но	memaker	r			
	a STA			Balti	OWN	13d INSIDE C	NO [	13e STREET	ADDRESS / ZII	P CODE Char	les S	t. 21	21
] 14	FATH	HER'S NAME FIRST  Roland	MIDDLE	rast <b>Tub</b>	bs	15 MOTHER	S MAIDEN NAM		WIDDLE		Not	Knov	vn
16		S DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SE		17 INFORMA			ADDRESS				
	(YES	NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES	216-24	-0079	Marc	E. And	erson	1247 Pc	oplar	Ave.	2122	27
	11	8 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse pe	er line for 10), (b),	ond ici.	, ,	retion				BETWEEN	KIMATE INTE	RVAL
	P	Conditions, if ony, which gove rise to immediate cause to, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, (c)	OR AS A CONSEC	OUENCE OF	T NOT RELATED	) TO THE TERMI	nal diseas	e or conditi	ION GIVE!	N IN PART 1	0	
	P	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, (c)CONDITIONS C	OR AS A CONSEC	OUENCE OF			NAL DISEAS	DPSY? 20	b IF YES,	WERE FINDING CAUSE	NGS USE	
	P	gove rise to immediate couse to, stating the underlying couse last.  PART 2 OTHER SIGNIFICANT OF DATE OF OPERATION	DUE TO, (c)CONDITIONS C	OR AS A CONSEC	OUENCE OF	ON WAS PERFO	DRMED	200 AUTO	DPSY? 201	OB IF YES, O CERTIFY	WERE FIND ING CAUSE	NGS USE	TH?
71	CERTIFICATION 61	gove rise to immediate couse to, stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  DATE OF OPERATION  10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O	DUE TO, CONDITIONS CON	OR AS A CONSECUTIVE OF INJURY  A.M. MONTH	OUENCE OF TO DEATH BUT ICH OPERATIO	ON WAS PERFO		200 AUTO	DPSY? 201	OB IF YES, O CERTIFY	WERE FIND ING CAUSE	NGS USE S OF DEA	TH?
1	CERTIFICATION 61	gove rise to immediate couse to, stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  DATE OF OPERATION	DUE TO,  CONDITIONS C  19b CONI  21b TIME HOUR HOUR 21c PLACE	OR AS A CONSECTION OF INJURY  A.M. MONTH  P.M.  E OF INJURY	OUENCE OF  O DEATH BUT  ICH OPERATIO  DAY YEAR  19	216 HOW IN	DRMED  JURY OCCURR	200 AUTO	DPSY? 201 IN NO LET IN TURE OF INJURY IN	OB IF YES, O CERTIFY	WERE FIND ING CAUSE	NGS USE S OF DEA NO [	TH?
71	MEDICAL CERTIFICATION	gove rise to immediate couse to, stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  O DATE OF OPERATION  OR CONTRIBUTING CAUSE OF O (IF EITHER NOTIFY MEDICAL EXAMINITY OF COURTED)  WHILE NOTIWHIE NOTIFY MEDICAL EXAMINITY OF COURTED  WHILE NOTIWHIE NOTIFY MEDICAL EXAMINITY OF COURTED	DUE TO,  CONDITIONS C  19b CONI  21b TIME HOUR HOUR 21c PLACE	OR AS A CONSECUTION OF INJURY A.M. MONTH P.M.	OUENCE OF  O DEATH BUT  ICH OPERATIO  DAY YEAR  19	216 HOW IN	DRMED  JURY OCCURR	200 AUTO	DPSY? 201	OB IF YES, O CERTIFY	WERE FIND ING CAUSE	NGS USE S OF DEA NO [	TH?
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	MEDICAL CERTIFICATION	gove rise to immediate couse to, stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  DO DATE OF OPERATION  DO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETAILS OF THE CONTRIBUTING COURRED  TWO COURRED  NOT WHILE AT WORK  20.1 certify that (1) (this has	DUE TO, (c)	OR AS A CONSECUTION OF INJURY A,M, MONTH P,M, E OF INJURY 1, REET, FACTORY, OFFI	DUENCE OF  O DEATH BUT  ICH OPERATIO  DAY YEAR  19  CE FARM ETC.)	211 LOCATION OF THE STREET	DRMED  JURY OCCURR  DN  , 19.86	200 AUTO YES ED (ENTER NA, to MEDICAL	OPSY? 20 IN NO IN	DIG IF YES, N CERTIFY! YES HEM 18 PAR	COUNTY	NGS USES OF DEA	STATE we) I
71	MEDICAL CERTIFICATION	gove rise to immediate couse to, stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  On DATE OF OPERATION  OR CONTRIBUTING CAUSE OF DEFINITION CONTRIBUTING AUSE OF DEFINITION COURED  WHILE ALWORK ALWORK  20.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did)	DUE TO, (c)	OR AS A CONSECTION OF INJURY A.M. MONTH P.M. E OF INJURY TREET, FACTORY, OFFI Ity ofter death.	DUENCE OF  O DEATH BUT  ICH OPERATIO  DAY YEAR  19  CE FARM ETC.)	211 LOCATION OF THE STREET	JURY OCCURR  1 19 86  (our) opinion d  ATTENDING PHYSICIAN PHYSICIAN	ZOO AUTO YES  ED (ENTER NA Look occurre  MEDICAL DIRECTOR	OPSY? 20 IN NO IN	Db IF YES, A CERTIFYI YES ITEM 18 PAR	COUNTY  22c DATI	NGS USES OF DEA	STATE we) Interest of the control of

DHMH - 16 60M 7/8 (VRA 15, 4)

1 1 2 100 mg/g = 100 mg/g Language of the contract of the contract of

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	1	
	REG.	NO.

		EASED NAME	FIRST	h	NIDDLE	l	AST	2a DATE	OF DEATH	HIMON	DAY	YEAR	26 HOUR	
	(TYPE	OR PRINT	ELEANC	R	М.	No	DLAN		January	2,	1987		1:50F	) M
	3. SEX	(		I. RACE		5. DATE C		6 AGE (I	N YEARS LAST BIRTH	DAY)	IF UNDF		IF UNDER 24	HR5
	F	emale		White		Jani	uary 15, 1915		71	YRS	MONTHS	DAYS	HOURS	MIN.
1				b. CITIZEN OF	WHAT COUNTRY?	8		RAITIMORE CITY OR COUNTY OF DEATH						
rad l	Maryland			U.S.A	.A. WIDOWED DIVORCED				Baltim	ore				MD.
2		altimore	EATH	(IF NOT IN SUC	OSPITAL, NURSIN HEACILITY, GIVE STREET anor Nur	ADDRESS)	PROTHER INSTITUTION Home	TYPE OF W	AL OCCUPATION OF FOR MOST OF LINE LINE	WORKING	LIFE) IND	USTRY	of M	
2	130. S	i residence (# NI TATE [aryland	13b COUN		GIVE RESIDENCE BEFOR 130. CITY OR TOV Baltimo	VN	13d INSIDE CITY LIMITS?	13e STREE	T ADDRESS / 334 Ma			oad	2122	29
	14 FA	THER'S NAME					15. MOTHER'S MAIDEN NA	ME						
pro-	3		Bernard Model Nolan First Marga						MIDDLF		O Connor			
T		WAS DECEASED EVER IN U.S. ARMED FORCES?      (YES, NO OR UNKNOWN)			166 SOCIAL SECT	URITY NO.	17. INFORMANT		1203 <sup>DD</sup> SE	S Ag	nes	Lane	2	
1		O OR UNKNOWN	(IF IES, GIVE	WARORDAIES	215-01-2002   Peggy Lambe				Baltimo				207	
		PART I DEATH	WAS CAUSED	CAUSE (a)	PANO	CLEAT	TC CARCIN	ont			В	APPROXI	AATE INTERVA	ATH
			4	DUE TO, OI	DUE TO, OR AS A CONSEQUENCE OF									
)		Canditions, if or gove rise to it cause (a), sta underlying cou	mmediate sting the	(b) DUE TO, OI	as a consequ	ENCE OF								
		PART 2. OTHER SI	GNIFICANT C	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISE	ASE OR COND	ITION G	IVEN IN F	ART 110		
	<u>2</u>	PAST	CORENO	145 CULTRE	ALCIDEN	T WI	TH LEFT HOUP	ALE315						
4	CERTIFICATION	190 DATE OF OPER					N WAS PERFORMED	200 AU	JTOPSY?	IN CER			OF DEATH	?
1	E	hi usameuruus			E MILLIDY		Tal. HOW IN HURY OCCUPY	YES [	,		YES [		NO [	
7		210. ACCIDENT WAS I OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	KED (ENTER	NATURE OF INJUR	IN ITEM II	8 PART I OR	PART 2)		
	MEDICAL	21d. INJURY OCCL		21e PLACE (	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET		CITY OR TOW	/N	COI	NMIA	STA	TE
		22-1 - 415 - 41 - 4		-1) - 44	deserved from		10 10 86	0	MEHIC	H	10		h. (1)	Mark

DEGREE

22e ADDRESS

New Cathedral Cemetery

DRTANT Albin Kuhn

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

STATE REGISTRAR

M.D. 236. DATE

saw the deceosed alve one 1223
obove (W)(we) (did (did no)) view the body ofter death

1001 Pine Heights Avenue, Baltimore, MD. 23d LOCATION 231 NAME OF CEMETERY OR CREMATORY

ATTENDING

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

1/5/87 14 FUNERAL DIRECTOR Leroy M. & Russell C. Witzkon Euneral Homes P. A. 1630 Edmondson Avenue, Catonsville, MD. 21228

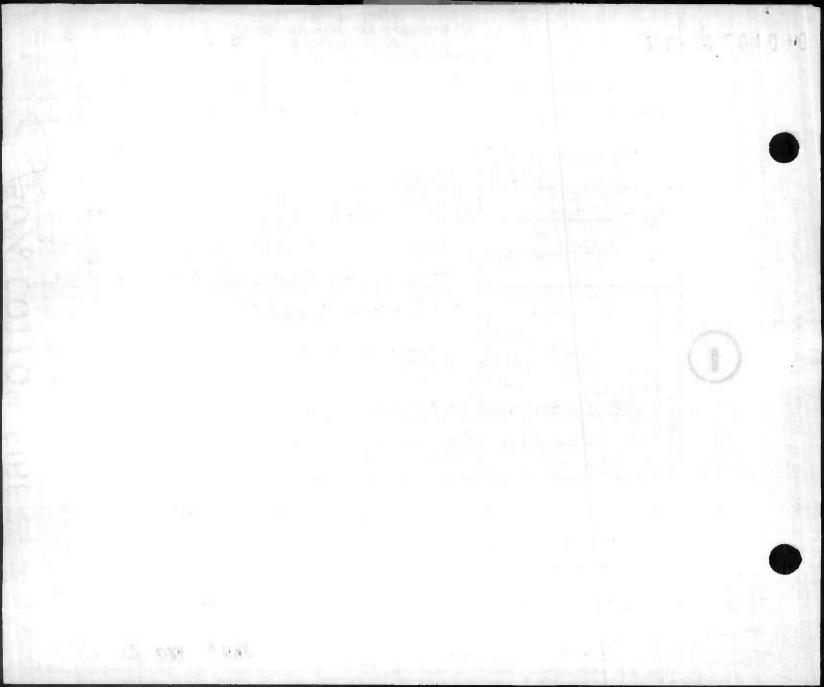
Maryland

220 DATE SIGNED

and that in finy (our) apinion death occurred on the date and hour and from the couses stated

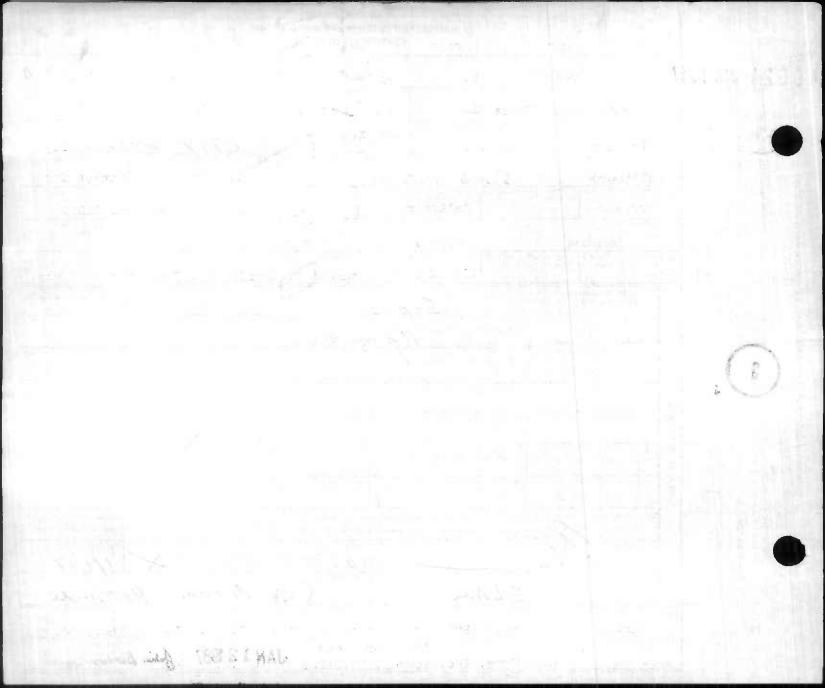
MEDICAL STAFF
DIRECTOR PHYSICIAN

Baltimore



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the beant certificate be executed within 24 hours other depart

	1 1	tem # 5 & 15, F	11m G 625 2	/6/87 ra	STAT	E OF MARYLAND			
		FOR STATE		DEPART		FEALTH AND MENTAL HY	SIENE Q 7	0 1 4	5 5
10		REGISTRAR			CERTII	FICATE OF DEATH	REG. NO	0.	35000
76		CEASED NAME FIRS		WIDDLE	7 10	LAST		MONTH DAY YEAR	26. HOUR
4062439114	7147	OR PRINT) HAI	RY	H.	N	ORRIT		1 4 87	254 PM
0 0 1	3. SE	X	4 RACE		5. DATE		6 AGE (IN YEARS LAST BIRT	MONTHS DAY	
5 25		YY/ Mal		<u>C</u>	08		70	YRS	, 1.00.03
1 11 0	7a. Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY	? 8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEATH	
		Virginia	U.S	.A.	WIDOW		CITY	Baltimore	e City, MD.
1 11 817	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
10 10 10	All and a second	Baltimore	Si	NAI HOS	PITTA		Motorman		et Car
15 to 10 10 10 10 10 10 10 10 10 10 10 10 10	USU/ 13a S	AL RESIDENCE (IF NURSING HOSTATE 136 C	ME OR OTHER INSTITUTIO	N, GIVE RESIDENCE BEFOR		1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	
AND SE STATE OF SECOND	I	Maryland -		Baltimo	ore	YES NO	5937 Fall	kirk Road 2	1239
1 1900	14. FA	THER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN NA	ME		AST
A S PECIFIC		Hampton		Morris	3	Lou			Scott
# 24 31		VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS	
* 00 I		No .		213-10-	1095	Kenneth C. M	orris, Sr. (		
1 1		18 CAUSE OF DEATH (Ent	er anly one cause pe	er line for (a), (b), a	nd (c).)			BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
7 7 600		PART I. DEATH WAS CA	DIATE CAUSE (a)_		Epsi.	5			
NO # SESSION			DUE TO,	OR AS A CONSEQU	JENCE OF	01 /			
EST CONTRACTOR		Conditions, if any, which			Hip.	upertion			
W. PRESTON of the least of the threading transform or transform or transform or		gove rise to immediat cause (o), stoting th	e DUE TO	OR AS A CONSEQU	JENCE OF	/			
		underlying cause las	t. ( (c)_						
VITAL RECORDS, 201  The low result in pricion.  The low result in	7	PART 2 OTHER SIGNIFICA	INT CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART	lia
ORD rear rear y intr	NOL							T	
RECO	CERTIFICAT	190 DATE OF OPERATION	196. CONI	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	106 IF YES, WERE FIND IN CERTIFYING CAUSE	
The The icion te horsit possit possi possit possi possit possit possi possit possit possit possit possit possit possit possit po	E	21g. ACCIDENT WAS UNDERLYIN	C - 211 7145	OF INJURY		131. HOW IN HIRV OCCUP	YES NO	YES	NO 🗌
2 34 44 E		OR CONTRIBUTING CAUSE	hand to a second	A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INTUR	Y IN ITEM 18 PART 1 OR PART 2)	I .
N SE	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA		P.M. E OF INJURY	19	21f LOCATION			
NO PHYSICIA NG PHYSICIA Safer this card as the burnal in and Mental	MEC		MIT HOME S	TREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
DIV PANE After Sittle		AT WORK			1 2	1			
S S S S S S S S S S S S S S S S S S S		220.1 certify that (I) (this I	nospital) oftended t	the deceased from,		nd that in (my) (aur) apinion	death accurred on the de		, that (I) (we) last
T 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		sow the deceased by	d for view the bod	y ofter death.	, 0	DEGREE		-	
2 2 2 2 2 2 2		77h SIGNATURE				ATTENDING	MEDICAL STAF	F \ / /	TE SIGNED
A 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		22d. PHYSICIAN'S NAME (	u_			PHYSICIAN [	DIRECTOR PHYSIC	IANES	1/87
HOSP FLNE Sid be ORTA		20. PHISICIAN S NAME (		14.		THE ADDRESS	1 1/20:	0	-
0 0 0 1 3				Aun		DINH	MOSPITAL	- BAUTI)	work
Page 1	230 B	SURIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP	24.5	Burial	Jan.7			idge Cemetery			
DHMH - 16 60M 7/84		JNERAL DIRECTOR				rk Road 250 DA	N 1 2 1987	25b. REGISTRAR'S SIGNA	
(VRA 15, 4)	Rı	ick Towson Fu	neral Home	Inc. To	owson.	Md. 21204	111 - 4 1301	Home Day	Roadville



led in by the funeral director, page 3 ald be filed within 72 hours after death

After this certificate has been as the burial-transit permit.

TO FUNERAL DIRECTOR

havid be detach

(VRA 15, 4)

18 sha

orked or Item

STATE	OF MARYLAND
DEPARTMENT OF HI	ALTH AND MEN

MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. N	NO.			7.6		
Ī	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	IR-	
		1	18	87	93	AM	
	6 AGE (IN YEARS LAST B	IRTHDAY	IF UNDER 1 YEAR		IF UNDER 24 H		
			MONTHS	DAYS	HOURS	M	

DEGEASED NAME	FIRST		MIDDLE	E/	AST		20 DATE OF DEA	нтиом НТ	DAY	YEAR	26 HOU	R-
(TYPE OR PRINT)	nde	5500		N	owo	len		1	18	87	97	J.
3. SEX		4 RACE		5. DATE O	F BIRTH		6 AGE (IN YEARS)	AST BIRTHDAY]		DER 1 YEAR	IF UNDER	24 1
MALE		BLACI	K	MONTH 6	10	1906	80	YR	MONTE	HS DAYS	HOURS	N
70. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF COUNTRY)		WHAT COUNTRY?	8. MARRIE	NEVER	MARRIED -	9 BALTIMORE C	ITY OR COUN	NTY OF E	DEATH			
ALABAMA U.S.A.			WIDOWE	WIDOWED DIVORCED XX BALTIMORE CTTY								
		H FACILITY, GIVE STREET				120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					SS	
USUAL RESIDENCE (IF NUR 130 STATE MARYLAND	13b COU		GIVE RESIDENCE BEFORE  13. CITY OR TOW  BLATIMO		13d INSIDE	ITY LIMITS?	130 STREET ADD	RESS / ZIP CO	on S	tree	25	
JOE		WIDDLE	N OWDEN		15. MOTHER	S MAIDEN NA		DDLE	DAZ	Z E	ST	
IAN WAS DECEASED EVE	RINUS. A	RMED FORCES?	16h SOCIAL SECU	RITY NO	17 INFORM	ANT	Annano	EDRESS MA	24	ZLO1		_

DART I DE ATHIAMAC CALICE	CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY:			
IMMEDIA	TE CAUSE (0) CLANCER OF LUNG.	2 - 41-210		
Travel or .	/			
	DUE TO, OR AS A CONSEQUENCE OF			
Conditions, if ony, which	(b)			
gave rise to immediate				
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
underlying couse lost.	( (c)			

709-09-4236 | WILLIAM REESE &I, 821

HUPETUTENSION

19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 216. TIME OF INJURY YEAR

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

210 ACCIDENT WAS UNDERLYING MONTH HOUR A.M. DAY OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ]

211 LOCATION

NOT WHILE 22a I certify that (I) (this hospital) attended the deceased saw the deceased alive an

JA70 and that in (my) (our) opinion death accurred on the date and hour and from the causes states

CITY OR TOWN

ody after death 226. SIGNATURE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

STATE

22d PHYSICIAN'S NAME (TYPE OR ! C 905 5000

22e ADDRESS

STATE

MPORTANT 230. BURIAL, CREMATION, REMOVAL BURTAL BP.

FOR - STATE

REGISTRAR

23b. DATE 1-23-1987

MARYLAND VETERANS

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION CITY OR TOWN

24. FUNERAL DIRECTOR DHMH - 16 60M 7/84

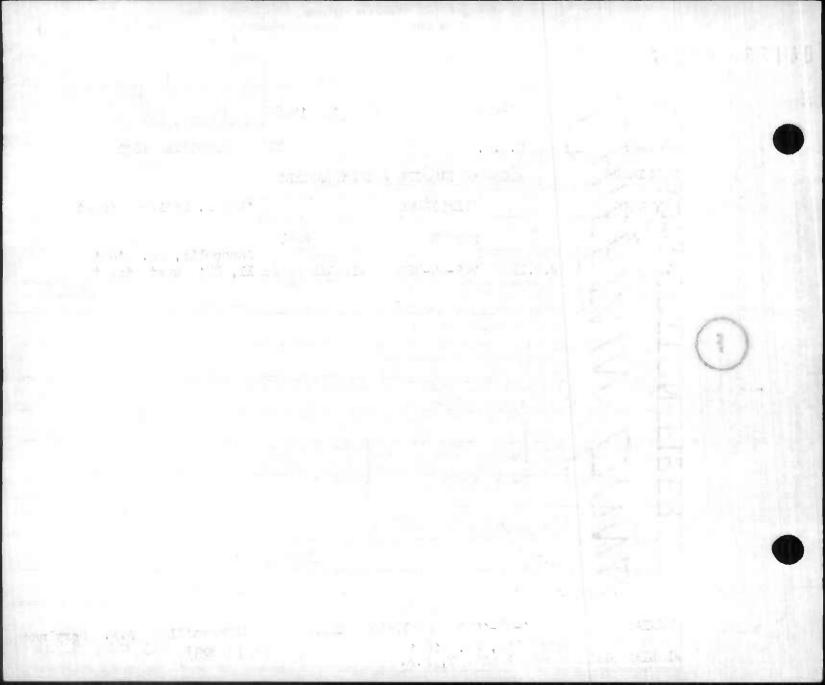
CERTIFICATION

MEDICAL

REESE & SONS MORTUARY, P.A.

Aulia Dividson Randall

COUNTY

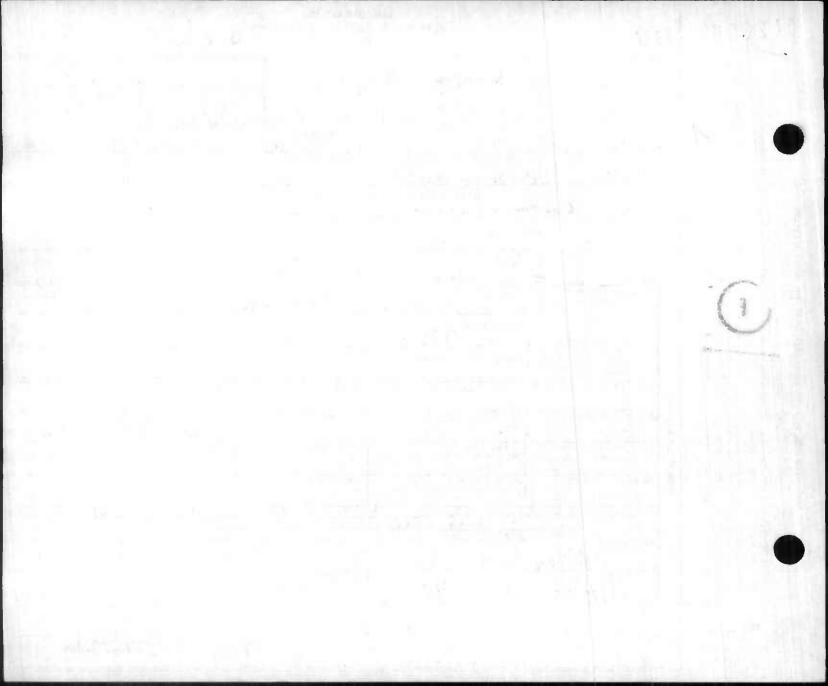


2	TA	TE OF	MARY	AND	
PARTMENT	OF	HEALT	H AND	MENTAL	HYGIEN

8	REG. N	0	1	4	5
TE /	OF DEATH	44.004.744	0.44	WE AD	1 01 110

				STATE OF MARYLAND		
096 JAN	29	FOR STATE REGISTRAR	DEP	RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 7 REG. NO.	45/
	1 DE	CEASED NAME FIRST	WIDDIE	LAST.	28 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
deoth	(1466	George George	e Henry	Nyquist	1	20 87 930 AM
	3. SE		4. RACE	S DATE OF SIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		male	white	7 20 9 C	1 (1)	MONTHS DAYS HOURS MIN.
29		RTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
57	4	ew York	U-S.	WIDOWE: DIVORCED		City MD.
27/1	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION  ITYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
4		Balto.	Bon Secour Ho		Salesman - Re	
0	USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE	FORE ADMISSION)		0
54	130. 3	1		s Mills YES NOX		
40	141×F.4	THER'S NAME		15 MOTHER'S MAIDE		u. <u>ZI</u> III
31		FIRST	MIDDLE LAST	FIRST	MIDDLE	Freeman
4	16a V	Charles	A Nyqui	IICL Y	Milla ADDRESS M	
0 2		YES, NO OR UNKNOWN) (IF YES, GP	VE WAR OR DATES)	) Ov	Ings Mills M	
6	_	No -		3-3388 Mrs. LaRue	Wittig -13 Lastg	ate Rd.
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b	LANCES PUR	3	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e < e			TE CAUSE (0)	Diffecta Pour	10 MARY DISEAT	t
organia		730	DUE TO, OR AS A PONSE	QUENCE OF	•	
3	6.3	Conditions, if any, which	( 16) 173	(00)		
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF		
		underlying cause last.	(c)			
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION (	GIVEN IN PART I to
ui /	CERTIFICATION	19a DATE OF OPERATION	TION CONDITION FOR WE	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
1	FIC	THE DATE OF OFERATION	The Condition Tok Wi	THE TOTAL TOTAL WAS TENT ON MED	IN CER	TIFYING CAUSES OF DEATH?
	RT	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	121. HOW IN HIP OF	YES NO NO	YES NO P
11		OR CONTRIBUTING CAUSE OF DE		DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2)
1	CA	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.	19		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OF	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	~	AT WORK NOT WHILE		2/1	11.	
	5	22a.1 certify that (1) (this hasp	ital) attended the deceased from	om	8C to 120	. 19 0 0, that (II (we) last
		sow the deceased alive or	ot) view the Body after death.	9 (our) op	inian death accurred on the date and h	our and from the causes stated
	-	226. SIGNATURE	or view inge body differ death.	DEGREE	1	220 DAJE SIGNED
ь	114	MAMA	V. JAMA NO	19 MU ATTENDIT	MEDICAL STAFF	1/20/87
7		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
		1/1/12/21/	Opels MI	9 9057	BATMATPILLE	econd 2104
Z	22 .	V V   17   1   C	-J. 10 / J / / /	7077		- 109
		BURIAL, CREMATION, REMOVAL (SPECIFY)		23c. NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
		Burial	1-22-87	<u>Meadowridge Memori</u>	al Elkridge H	oward MD
	24 FU		Byers Funeral	Meadowridge Memori	DATE PECID BY PEGISTRAM 25 PEG	
1)		728 Liberty Rd			411 2 1 1981 8	Annual No. Norman

8728 Liberty Rd. Randallstown, MD



3   3   EFB -	1-58	FOR STATE REGISTRAR		ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYP ICATE OF DEATH	GIENE 8 / REG. N	0	1 4	5 8
n 64		EASED NAME FIRST	WIDDLE	11	ast Qaral	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR A
may be . poge 3 ter death	3 SE)	Florence	AINO RACE	S. DATE C	OBrien	6 AGE (IN YEARS LAST B	/ 3/	F UNDER I YEAR	IF UNDER 24 HRS
4 00		F	W	MONTH		90			HOURS MIN.
deoth. Poge uneral direct or or or		OUNTRY)	CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	OF DEATH	
huneral the 72 h	_	aryland TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N	WIDOWE		120. USUAL OCCUPA	ION	17h KIND OF	MD. BUSINESS OR
by the helifed with		Baltimore &	Deaton Hose	Tal and	Medical center	(TYPE OF WORK FOR MOST Retire	OF WORKING LIFE)	INDUSTRY	503#1E33 OK
filled in ourd be	13a. S	RESIDENCE IF NURSING HOME ORD TATE 136 COUNT	THER INSTITUTION, GIVE RESIDENCE Y 136. CITY OF	DEFORE ADMISSION) TOWN TIMORE	13d. INSIDE CITY LIMITS? YES NO [	352 6 H	ZIP CODE	Alknu	e 2/2/1
within within detely do shiner		THERSNAME	iodie Las	ST 1	15 MOTHER'S MAIDEN NA	AME			
ed w		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Mitchel	XXXXXXXX	(unknow	· ·	2500	Arnold	
a edico			ED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDI	. 11		0
the m		No	- 1214-	21-2401	raneuts cr	yer E Dea	ton the		ATE INTERVAL NSET AND DEATH
8 8 8 8		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: Of IT	Facial	Carcinon	A	-(3)	BETWEEN ON	ISET AND DEATH
e death certite e ottending p move carbon nation, or reme troumotic ever			DUE TO, OR AS A CON	SEQUENCE OF				1	
t tage.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	SEOUENCE OF					
2 9 7		PART 2 OTHER SIGNIFICANT CO	(c)	C TO DEATH BUT	NOT BELLIED TO THE TER	UNIVERSITATE OR COV	IDITION CIVE	NI IN CART I	
sign Then to bu	N O	Demen	Ha	O TO DEATH BUT	NOT RELATED TO THE TERM	WINAL DISEASE OR COI	ADITION GIVE	VIN PART TIO	
s beer prior prior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES,	WERE FINDING	GS USED
how how	RTIFI					YES NO 1	YES		NO 🗌
physici physici rtificate ol-tronsit at 18 sh		210. ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PAR	IT I OR PART ?)	
Sic Certification of the sent	MEDICAL	THE EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211. LOCATION			_	
DING PHY or attendi After this se as the bu ofth and M marked or	MEI	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, C	OFFICE, FARM ETC.)	STREET	CITY OR T	DWN	COUNTY	STATE
NDIN of or use of Health	14	22a.1 certify that (1) this hospital	ottended the deceased I	CYA	2 1987			4	not (li (we) last
ATTE Sspite SECTO d for t. af I m 21			view the body after death.		d that in (my (our) opinion	deoth accurred on the	late and hour		
AL OR A the host AL DIREC letoched ore Dept.		Malanda H.	White		ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN	1-31	1-87
TO HOSPITAL retained by t TO FUNERAL should be det with the Store IMPORTANT:		224 PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS	A 1 - 1		Balt	mere mo
O HOS etained TO FUN with the MADORT		Malinda +	White		Deaton Hispit		AL Conte	1,3001 si	Hanover ST
		URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY			COUNTY	STATE
BP	24 FI	Burial	2/4/87	St. Mar	y's Cemetery	Baltimo:	CE REGISTO	Ma AR'S SIGNIATU	aryland
DHMH - 16 60M 7/84 (VRA 15, 4)		· Alan Seitz. Jr	3818 Rolan	d Ave. 2	1211 F	EB 3 1987	Efulia	Dividen	Handage

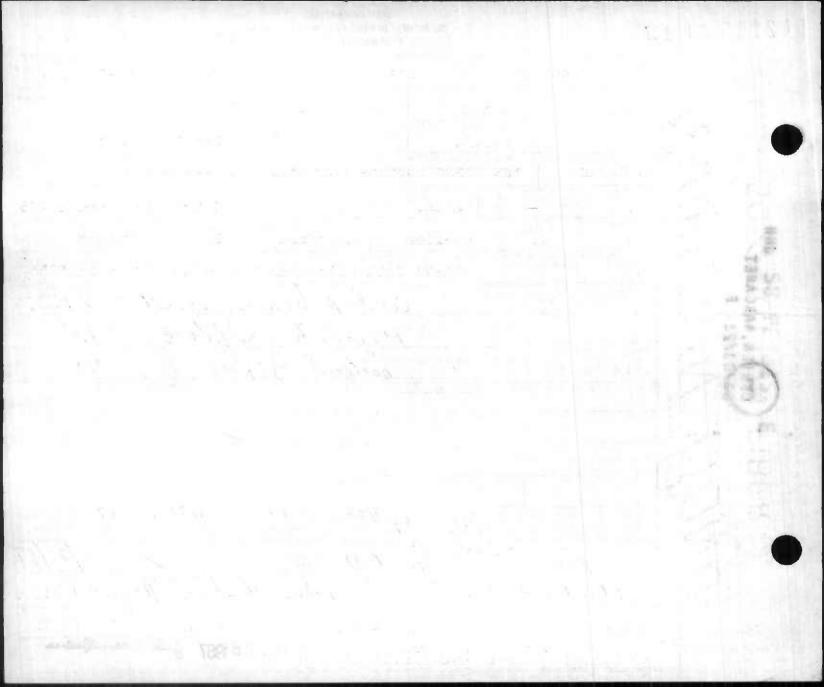
24 FUNERAL DIRECTOR
A. Alan Seitz, Jr. 3818 Roland Ave. 21211



STATE	OF MA	RYLAND
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3	REG. NO.	0	1	col	5	
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42185 JAN	9.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND I	MENTAL HYG	8 /	O . NO.	1 4	5 9
noy be poge 3		CEASED NAME OR PRINT) M.P.	RGAR		M.	O'BRI	EN		JANUAR		1987	26 HOUR 1:45
ge 4 moy ector, po	3. SE	x Female	4	RACE Whi	te	5. DATE O		2'2"	6. AGE (IN YEARS LAS	ST BIRTHDAY)	MONTHS DA	
herol direction of the post	₹6. B	RTHPLACE (STATE OR FO	OREIGN 71	U.S	·A.	RY? 8 MARRIE WIDOWE	D NEVER /	WARRIED 🔀	9 BALTIMORE CIT	Y OR COUN		1
by the fu	10	ALTIMORE	TH 1	1. NAME OF	HOSPITAL, NU	RSING HOME C	S HOS	PITAL	120 USUAL OCCUP	OST OF WORKING	12b. KIN INDUST	D OF BUSINESS C
filled in nould be	USU 13a.	AL RESIDENCE (IF NURSI STATE Md.	NG HOME OR O		GIVE RESIDENCE B		13d. INSIDE C	ITY LIMITS?	13.5355 ADDRE	47	dge A	ve.2120
ond 2 sh	14. F/	Leo Leo	J.	DDIE	o Bri	_en	15. Mother	aret	ME L MIDD	ſĒ	Wrig	ht
on ond on one on one on one one one one one on		VAS DECEASED EVER I YES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)		76-3022	Eliz		Pierpoi	nt 53	20 Se	lfridge
Grant transfer transmitting	NO	Conditions, if ony, gove rise to imm couse (o), stating underlying couse	ediate g the last.	(b)	r as a conse	EQUENCE OF	gra Tenu NOT RELATED	long of the TERM	Lysis INAL DISEASE OR C	ondition (	GIVEN IN PART	120
The Jicton.  The hos parties permit geograph as shows ony in	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WH	IICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	IN CER	YES, WERE FIN TIFYING CAU YES	IDINGS USED SES OF DEATH?
SICIAN: ng phys certifico uriol-tro tentol H)	MEDICAL CER	21a. ACCIDENT WAS UNDED OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION CONTRIBUT	AUSE OF DEATH	P.	OF INJURY  M. MONTH  M.  OF INJURY	DAY YEAR	21c HOW IN		RED (ENTER NATURE OF	INJURY IN ITEM I	8 PART I OR PART	2)
ING PHY r attendi After this as the bu th and M	ME	WHILE NOT WHI	K .	( AT HOME STI	REET, FACTORY, OF		TIT LOCATION STREET	5N	CITY C	OR TOWN	COUNTY	STATE
at OR ATTEND the hospitol of the hospitol of the DIRECTOR: At DIRECTOR: of the Dept. of Heom 21 is m		22a.1 certify that (1) sow the decease above, (1) (we) (d) 22b. SIGNATURE	d olive on_	/	121	9 87 0	DEGREE	ATTENDING	MEDICAL SHEET OF HE	STAFF		the couses stated
TO HOSPITAL ( retained by the TO FUNERAL I should be deto With the Store IMPORTANT: #	730	22d. PHYSICIAN'S NA PLOTE BURIAL, CREMATION, R	Zu	PRINT) H- TE		23c. NAME OF C	22e. ADDRES	s 600 N	Hopkn 1236 LOCATION		ALTO.	MD 212
BP	230. 1	Burial	EMUVAL	1-24-		New Ca			Balto	N .	COUNTY	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	-	Schimune	33 k Fu	31 Broneral	ehms	ane				RARISHREGI	ISTEAR'S SIGN	THE LAND



# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG

SIENE 8	7	0	1	6	(
	REG. N	10			

281	FOR STATE REGISTRAR			DEPARTA		FICATE OF DEATH	IENE 8 7 C	)   6,	60	
	DECEASED NAME	FIRST		MIDDLE	I	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
(1	YPE OR PRINT)	RUTH	I	IILDRED	0 CO	MNOR	JANU TRY	27,1988	3:20pm	
3. 5	SEX		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER ! YEAR	IF UNDER 24 HRS	
F€	emale		Cauca	asian	May	26 1915	71	RS. MONTHS DAYS	HOURS MIN.	
7a.	BIRTHPLACE (STATE OF	RFOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR COU			
1 8	irginia		USA		WIDOWE		BALTI-ORE C	CITY	MD	
10.	BAL'III.OLL	ATH	(IF NOT IN SUI	HOSPITAL, NURSIN CHEACILITY, GIVE STREET	ADDRESS)	DR OTHER INSTITUTION	124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  Claims Ex.		OF BUSINESS OR	
13d	UAL RESIDENCE (IF NUI D. STATE 1d.	13b COUI		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Balto.		134 INSIDE CITY LIMITS? YES W NO	136.STREET ADDRESS / ZIP C	CODE	. Н.	
14	FATHER'S NAME FIRST		MIDDLE	IAST ICKenna		15 MOTHER'S MAIDEN NAME FIRST	ME	Spice		
160	WAS DECEASED EVE (YES, NO OR UNKNOWN) NO	(IF YES, GI		218-05-53		17 INFORMANT	ADDRESS Onner 630 Warwi			
1	gove rise to in couse (a), stat	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  (b) Septicemic-  DUE TO, OR AS A CONSEQUENCE OF								
ATION						NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION  200 AUTOPSY? 200. IF	FYES, WERE FINDIN		
CAL CERTIFICATION	OD CONTRACTOR	CAUSE OF DE	216. TIME C HOUR A	OF INJURY M. MONTH DA		21c HOW INJURY OCCURR	YES NOW IN CE	ERTIFYING CAUSES YES   WIB PART   OR PART 2)	NO [	
MEDICAL	21d. INJURY OCCUP	/HILE	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC )	216. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
	220.1 certify that sow the deceo above (1) we) 22b. SIGNATURE 22d. PHYSICIAN'S N	sed alive or did (did no	t) view the body	ofter death.		5 , 19 87 and that in (our) opinion of DEGREE  ATTENDING PHYSICIAN [	, to	hour and from the		
	THOM	AS BL	AKE, M.J			900 S. CAT	ON AVE BLATC	o. ND. 21	.229	
230	BURIAL, CREMATION  (SPECIFY) Burial	, REMOVAL	1-30-8			EMETERY OR CREMATORY Park	Balto.,	COUNTY	Md.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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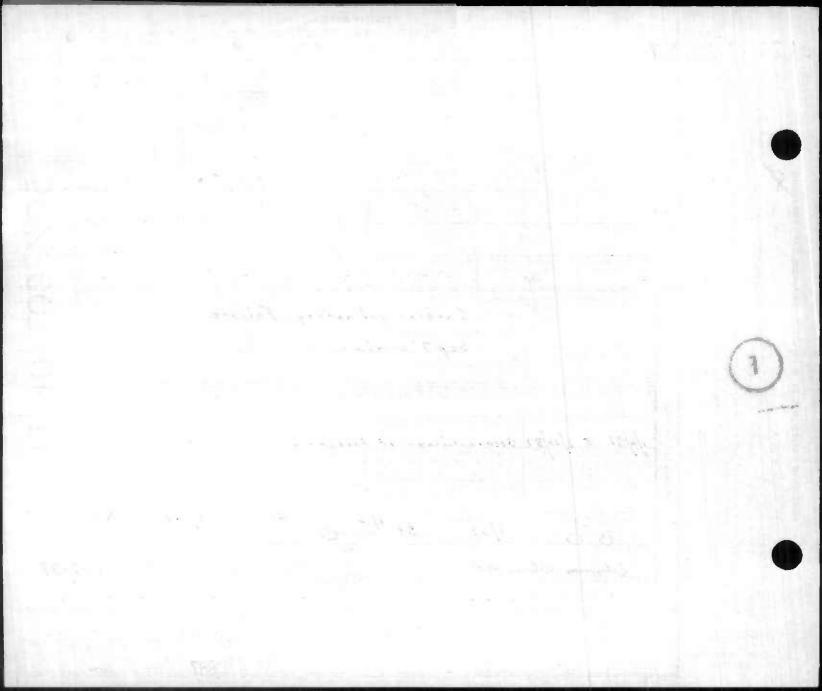
IMPORTANT: IF HE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Joseph T. Ambrose, Jr. 1328 Sulphur Spring Rd

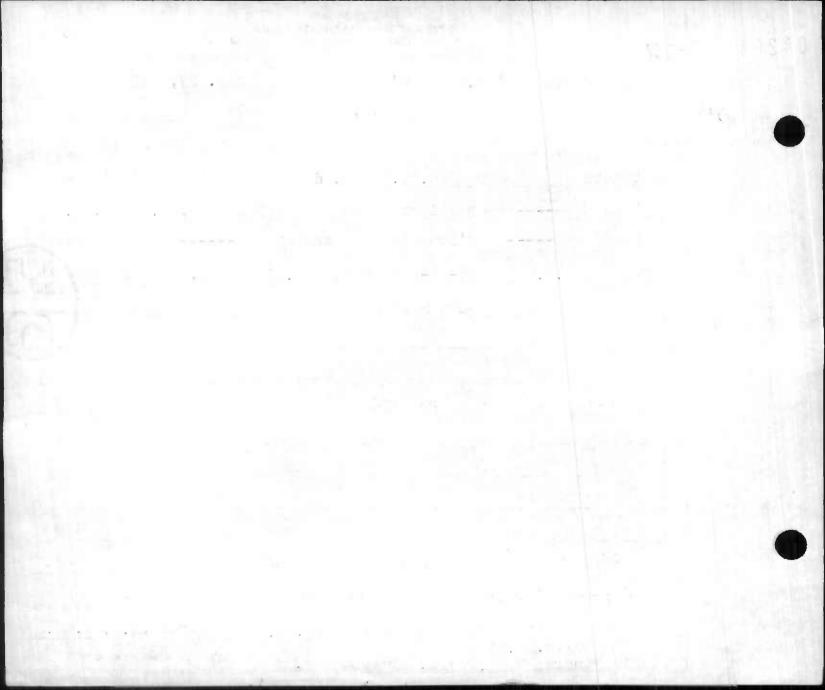
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201016		CEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MON	TH DAY YEAR 76 HOUR		
\$ 000 3	{TYP	James	Peter	O'Donne	17	Jan. 27.	1987 "		
pog er de	3. SE		4 RACE	ACE 5. DATE OF BIRTH			IF UNDER I YEAR IF UNDER 24 HRS		
The office of	L	Male	White	Dec, 9,	1913 -	73	YRS MONTHS DATS HOURS MIN.		
eath. Po	Ma Ma	ATTYLAND	USA	MARRIED NE	VER MARRIED DIVORCED	9. BALTIMORE CITY OR CO	ore City MD.		
by the furtiled with		or town of DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) 3800 8th.	St.Balto		12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Supervisor	RKING LIFE) INDUSTRY		
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mpleteli and 2 s	7)	ATHER'S NAME Hugh -	MIDDLE O Donn		Dorothy	WIDDIE	Gottlieb		
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physicia anpaperi emaval.			ly one couse per line for (a), (b), one DBY: CE CAUSE (b) CAS	HD			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
that the death ce d by the attending less semation, arrival to) cremation, arrival		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE				149		
signe then p to bur njury.	Z O	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 110		
an. has been t permit. I permit. I lene priar	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PI	ERFORMED	20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO		
g physicial programmental from the period of	411	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		YEAR 19	W INJURY OCCURR	RED (ENTER NATURE OF INJURY IN 1)	TEM 18 PART I OR PART 2)		
offendin offendin ter this of sthe bur h and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		CATION	OWOT RO YTI)	COUNTY STATE		
TTENDIN Spital ar STOR: Af for use a af Health		22a.1 certify that (1) (this haspital) attended the deceased from							
by the has by the has by the has be detached State Dept.		276. SIGNATURE	lle	M.D.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	1-29-87		
etained by 1 TO FUNERAL should be de with the State		ROBERT	J. ALBIN, MI		S. GREET		7MORE 21201		
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1 1- 1	IAME OF CEMETERY		23d LOCATION	ie, A.A.Co.Md.		
BP	74 F			en Haven	Mem. Pk	E REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE		
DHMH - 16 60M 7/B4 (VRA 15, 4)		Cully Funera	.Md.21225 ADDRESS al Home, 237 E.	Patapsco	AVENAN	30 1987	a Diendoor-Rondone		



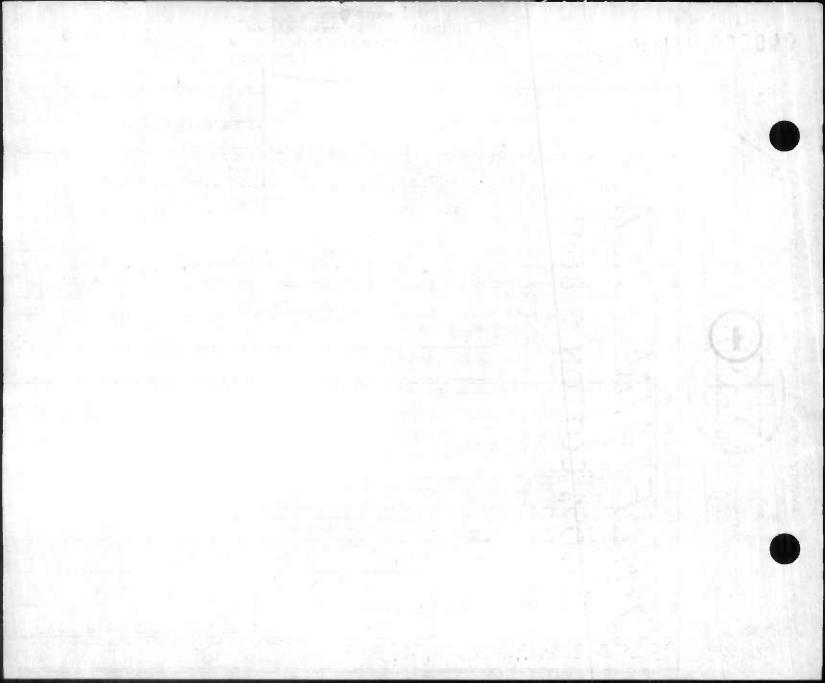
Afther Day Arthews Funeral Home 3021 Eastern Ave., Baltimore, Md. 21224

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 3000

04(	0506 JAI	13	FOR STATE REGISTRAR		DEPARTI		EALTH AND ME		IENE 8 7	. 0	6.	6 2
	nay be page 3		CEASED NAME FIRST FOTIN	I K	ISTAS		ZEWSKI		January 7,	MONTH DAY	YEAR	26. HOUR 6:30P M
	ge 4 may ector. pa ector after d	3. SE	x Female	4 RACE Whi	te	5. DATE C		Y618	6 AGE (IN YEARS LAST BIR	THDAY) IF U	INDER 1 YEAR	IF UNDER 24 HRS
0			RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MA	RRIED -	Baltimore city o	R COUNTY OF	DEATH	MD.
3			ITY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET Oldham	ADDRESS)		UTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Housewife		126. KIND OF	F BUSINESS OR
AND 213	filled in nould be	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL		Baltimo	'N	136 INSIDE CITY	LIMITS?	714 S. Old	lham St	reet 2	1224
, BALTIMORE, MARYLAND 2	ompletely on of 2 sl		Cosmos		Philippou			iliki	WIDDLE		lement	cou
TIMORE	on ond a second on ond on ond on one on one on one one one one one on		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, C	RMED FORCES?	213-54-1		Mrs. Ka	liopi	Philippou,	714 S. Baltim	Oldha ore, M	m Street
W. PRESTON ST., 8A	by memoring hysisses are controlled to the control of the control		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, C	OR AS A CONSEQUE	ENCE OF	ic da	ryle	11'0		BETWEENO	MATE INTERVAL INSET AND DEATH
ORDS, 201	en signed en signed Then plea or ta burial	NOIL	PART 2 OTHER SIGNIFICANT						INAL DISEASE OR CONE	DITION GIVEN	IN PART 110	
AL RECO	he low son. to permit it permit it permit it permit	CERTIFICATION	196 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORM	AED.	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
DIVISION OF VITAL RECORDS,	ending physic this certificat te buriol-trans ad Mental Hyg d or ttem 18 s	MEDICAL CE	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, MOTHY MEDICAL EXAMIN 21d, INJURY OCCURRED	EATH HOUR A ER) P  21e. PLACE	OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, F.	19	216. HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJUR		COUNTY	STATE
SIVIO CIVIENT		_	WHILE NOT WHILE AT WORK  22a. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did r	pital) attended th	ne deceased from _			19	, to death occurred on the da			hot (1) (we) lost ouses stated
	by the hos by the hos ERAL DIREC e detached State Dept.		226. SIGNATURE	wh	5	49	DEGREE ATT PH'	ENDING YSICIAN		IAN	22c. DATE S	
	retained by the TO FUNERAL should be deto with the State IMPORTANT: II		G. DEN	UPRIM			51/3	68	117FRN	AV. &	relp.	HO,
	BP	230	BURIAL, CREMATION, REMOVA  SPECIETY  Burial	1-9-8			metery or cre		23d LOCATION CITYORTOWN Baltimore	Balt	DUNTY	STATE Md.

DHMH-16 30M 2/80 (VRA 15, 4)



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lled in by the full old be filed within

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers-with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remaval. In the manual is marked or item 18 shows any injury, or other traumatic event, the

ge 4 may be

24 hours ofter

requires that the death certificate

TO HOSPITAL CR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

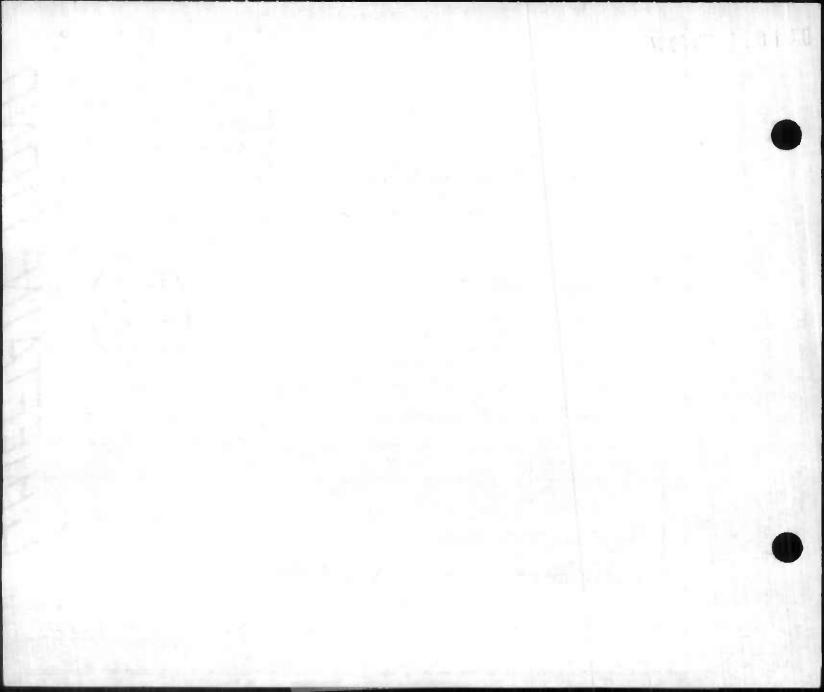
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### STATE OF MARYLAND

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V		FOR OSTATE REGISTRAR	DEPARTM		FICATE OF DEATH	IENE 8 7	0	1 4	6 3
	1. DEG	CEASED NAME EIRST	MIDDLE		LAST	20. DATE OF DEATH		AY YEAR	2b. HOUR
	(TYPE	ORPRINTS DOROTHY	V	Dist	LAN C		DC 21	* 87	1105 A.
	3 SEX		4 RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	0 00,	F	BLAUK	MONTH 04		52	YRS	ONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FORTISM	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	7
2		CON Con	er s D	WIDOWI			your b	1 6710	MD
1	0		11. NAME OF HOSPITAL, NURSING	DDRESS)		17a USUAL OCCUPAT	OF WORKING LIFE		F BUSINESS OR
Sept.	#SU/	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE			NUR 36 16		1405	17146
6	13a. S	STATE M 2) 136 COUN	134 CITY OR TOWN	NE	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	4	10 2	1207
8	1	THER'S NAME FIRST  FIRST  FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	Ato KES	,	LAS	т
-	-	VAS DECEASED EVER IN U.S. AR		ITY NO.	17 INFORMANT	ADDR			
	()	YES NO OR UNKNOWN) (IE YES GIVE	E WAR OR DATES	17	Joyas Qu	10×1 5625	BE110		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	ly one couse per line far (a), (b), and D BY.	101				BETWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIAT	E CAUSE (a) Sep 3	)					
			DUE TO, OR AS A CONSEQUEN	VEE OF	11 . 1 . 5	1. 6		15.7	
		Conditions, if any, which gave rise to immediate	(b) 1066	ble 6	abdearinal int	econ.			
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	NCE OF					
	NOI	./	CONDITIONS CONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	2
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
_	CER	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR	-			
1		OR CONTRIBUTING CAUSE OF DEA	1	Y YEAR					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION	CITY OR TO	WN.	COUNTY	STATE
	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE, FAI	RM ETC )	SIRCE	CIII OX IO			31.1116
H		220-1 certify that (1) (this hospit	tal) ottended the deceased fram		, 19	, to	, 1	9	that (I) (we) last
		saw the deceased alive an above, (1) (we) (did) (and not	Typew the bady after death	, 0	nd that in (my) (aur) opinion o	death accurred on the d	ate and hour	and from the	causes stated
		276 SIGNATURE	7		DEGREE	MEDICAL CTA		22c. DATE	SIGNED
		5-16		14	ATTENDING PHYSICIAN	MEDICAL STA		1/0	16/87
		22d. PHYSICIAN'S NAME (TYPE OF	FLAM		27e ADDRESS SINAI	HOSPITM	BRLI	moke	3
	23a B	BURIAL, CREMATION, REMOVAL	23b DATE , 23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
	-	Buarak	1/31/87 2.	eri.	2 12.300	BULFIA		199 Z.	1208
1		INERAL DIRECTOR	ADDRESS	,	25a. DATI	E REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNATI	URE
	/	Naw face to is	July 60 8 1 21/	m of	1111	27 1007	Allen of	1 modern	D. P. A.



116 JAN-	8 17	FOR STATE REGISTRAR				STA MENT OF EXAMIN	HEALTH		ENTAL H		- 3	REG.	ND N	1 4	, 6	4
		CEASED NAME	FIRST		MIDDLE			LAST			2a. DATE OF	KNOWN	K MONT	TH DAY	YEAR	25 HOUR
ET. S.S. S.E.	1	CONTRINT)	ORVIL	LE Wi	lley		P.	ACK				ESTI- MATED		2	19 87	7 ^
PEG	3 SE	X 4	RACE	5 DATE OF BIRTH	YEAR	6 AGE (IN YE		DER 1 YR.	IF UNDER		2c. DATE		MÓNT	H BAY	YEAR	24 HOUR
ON SUN	100		White		L913		RS.	DAIS	HOOKS		DEAD		1	2	19 87	11:30 P /
NECESS UNERAL WITHIN	WE	IRTHPLACE (STA DREIGN COUNTRY) EST Virg.	inia	U.S.A			WIDOW	/ED 🗆	DIVORCE	ED 🗆		ltimo	re C	ity	DEATH	MD
IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNREAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BEFLIED, WITHIN 72 HOURS IR RECORDS, 20 W. PRESTON STREET,		Baltimo:	re	11 NAME OF HOSP (IF NOT IN SUCH FAC 2429 E.	Monu	ment S	St.	ier institu	NOITL	St	atioccur ation	newy	TYPE OF WOR	0	ind of BI or Indust known	TRY
ANY DI AND 3 T RETAIN HOULD E RECORD	13a. S	AL RESIDENCE (II	13b COUN	ROTHER INSTITUTION, GIVI IY		OR TOWN	ION)	13d. INSIDE C			EET ADDRE		42	05	5	
3,3,7	14. F.	ATHER'S NAME FIRST	Unkn	WIDDLE		LAST		15. MOTH	ER'S MAIDE FIRST	NNAME		31 doi:			LAST	
N N N N N N N N N N N N N N N N N N N		WAS DECEASED	EVER IN U.S. ARA			IAL SECURIT		17 INFOR				ADDRE				
WITH PAGE DIVISIO		No			235/	10/234	13	Hele	n R. I	Pack	(same	e as	13e.	)		
BE EXECUTED WITHING BOINGS IN PENCIETT WEBSCAL EXAMAGE AS A BURBANT TRACT ALTH AND MENTAL HYGING CREMATION, OR REMON	NO	gave rise cause (a) s lying cause		(c) DUE TO, OR A	oture	ed gand	reno of				3					
	CERTIFICATION	19a. DATE OF C	PERATION	19b. CONDITI	ON FOR V	WHICH OPER	NOITA	'AS PERFOR	RMED?					20	AUTOPSY	1?
BE USER NT OF H	1														YES 🔯	NO 🗆
DEPARTMENT PRICK TO BU			OR G CAUSE OF D		MONTH	19	R		Y OCCURRE	D (ENTERN	NATURE OF INJ	IURY IN ITEM	18 PART I OR	PART 2)		
TATE DEP	MEDICAL	WHILE AT WORK		21e PLACE O STREET, FACTO				CATION			CITY OR TOV	WN		COUNTY		STATE
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	230.8	death resulted  ACTUAL SIGNATURE  EXAMINER'S N (TYPE OR PRIN	trom: Nglur	e of the remains described and courses \( \overline{\mathbb{N}} \).  es P. Koke  Bb. DATE	Accident  M  es, M	. Su		Hamie TITLE (S .D. ASS ADDRESS_	specify) istant 111 I	Undete	Inquiry ermined mo	anner _	DAT SIG	TE 1.	-3-8° 2120:	
3P	-	Cremat		/5/1987	Gre	een Mo	unt (	remat	cory	Ba	1timo	re, l	Maryl	and	2120	2
HMH - 17 A15 ME (5))	24 F	alter Br	ooks Bra	dley,^°Inc	., Ba	alto.,	Md.	21222	JAN	<b>5</b> D. BY	1987 A	R	GI PAR	दावस	ALD IN	

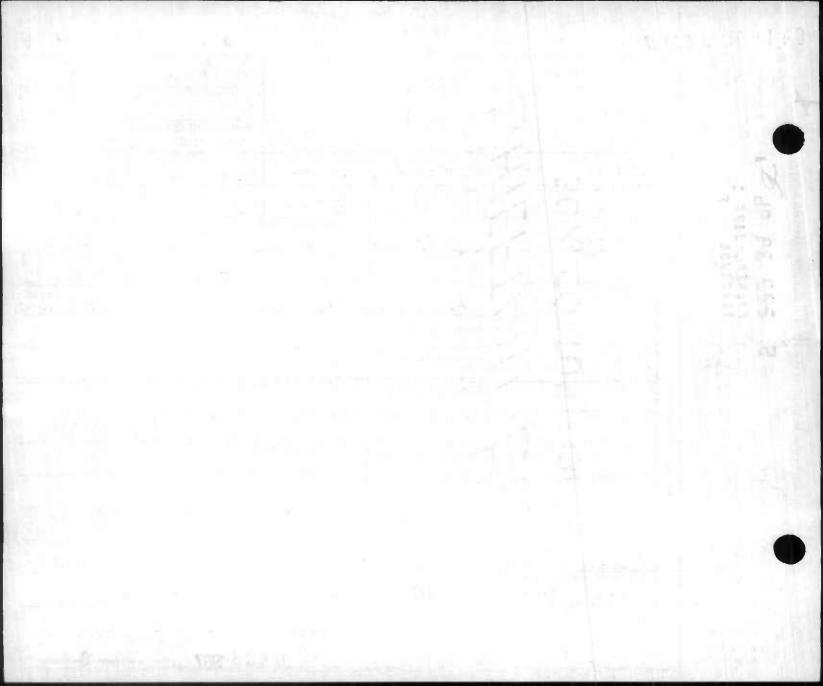


#### STATE OF MARYLAND

8 REG. NO.	0	1	46.7	6	5
ATE OF DEATH			10.30		-

4000		FOR STATE DEGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	8 REG. NO.	1 4 6 5
		CEASED NAME FIRST JANE	<sup>C</sup> lara	PALMER	JANUARY 20,	1987 7:05 P
	3 SE	x Female	White	15 DATE OF BIRTH 12/25/1908	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR FUNDER 24 HRS
2	7a. B1	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OFDEATH
100	19 CI	ITY OR TOWN OF DEATH		WIDOWED OF OTHER INSTITUTION  TABLES HOSPITAT	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
2	13a S	STATE UNICOUN	13c CITY OR TOW	RE ADMISSION)	Housewife .  13e STREET ADDRESS / ZIP CODE 320 College A	
1		ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN ardson Hattie	NAME	Barrick
2		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU			indsor, Md 11ege Ave
	NOI	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)	JENCE OF	ACCEST	
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
1		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18 P	PART ( OR PART 2)
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
7		22a.   certify that (I) (this hospi	y) view the bady after death.	~~		19 52. that (Live) last or and from the causes stated  22c. DATE SIGNED  1 20 18 7
	(	BURIAL, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OR CREMATOR	Uniontown	County State Carroll MD
		D.D. Hartzle	r New Winds		AN 28 1987 Julia	Certagna Landaca

DHMH - 16 60M 7/84 (VRA 15, 4)



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4 may be

filled in by the funeral director, page 3 buld be filed within 72 hours after death

injury, ar ather traumatic event, th

## STATE OF MARYLAND

8	REG. NO.	0	1	4.	6	C
		_	_			_

f.	FR.	STATE REGISTRAR			DEPARTN		ICATE OF	DEATH	GIENE 8	REG. NO.	0	1 4	60
		CEASED NAME OR PRINT)	JAMES	۸	C.		AST AST		2a. DATE OF	DEATH MONTH	28	87 2b	1/20 1/A M
	3 SEX	me	ale	CAUCA		5. DATE O		32			YRS.	S DAYS HO	UNDER 24 HRS.
		outstill Cara	dina	4.5	S. A.	WIDOWE	D	MARRIED D	Bal	HIMME	Cut	Y	MD.
	10 CI	un town of	re!	Deato	HOSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS /	MODICA	Center	(TYPE OF WORK	for most of work hanic		KIND OF BIDUSTRY Auto	
4	m	arylan	NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	YES X	CITY LIMITS?	1215	S Hano	CODE VENST	treet.	21230
	)	THER NAME	hn	R.	Pampli	in	F	FIRST Ora	AME	ADDRESS	Elvir	afon	
9		ES, WOOR UNKNOW!	1952	1954 <sup>s</sup>	231 36	4459	Chr.	istine	P Bo	ies 79	42 O	21061	
		PART I. DEAT	TH WAS CAUSED	BY: E CAUSE (d)	(avaio p	G.	duy	amost				BETWEEN ONS	
		Conditions, if gove rise to couse (a), underlying c	immediate	(b)_{	RAS A CONSEQUE DAYWOY OL RAS A PONSEQUE ROCADO	extrio	tion	ca -	retions ar	Tumor		Second	p · mih.
	NO	PART 2 OTHER	AS ab	onditions <u>co</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATE	D TO THE TERM	MINAL DISEASE	OR CONDITIO	n given in	PART 110	
1	CERTIFICATION	19a DATE OF OF	PERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTO			RE FINDINGS CAUSES OF	
1	-	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEA	TH HOUR A.	M. MONTH DA	AY YEAR			RRED (ENTER NAT	TURE OF INJURY IN IT	EM IB PART I	OR PART 2)	
	MEDICAL	214 INJURY OC	CURRED	21e PLACE ( {AT HOME, STR	OF INJURY REET, FACTORY, OFFICE F		211 LOCAT	ION	2	CITY OR TOWN	<b>3</b> 64 5	OUNTY	STATE
		the de	ceased alive an.	ol) ottended the	e deceased from 28 198 ofter death.	, ,	d that in (19	(byr) opinion	death occurred	d on the dole on	d hour and		t (I) (S) last ises stated
	1	MAL	E. Haw	M	0		DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR (	STAFF PHYSICIAN	A	1 Z	E 87
		SWA	SNAME (TYPE OF	PADS	g MD.		JL D	eston	611 S.	Charle	st.	BAL	10 2123
	23a. B	urial, CREMATI	ition	1/30	Call Control			CREMATORY M. Parl	CATAL	nsvill	e B	älto	Md
	24 FU	NERAL DIRECTO	)R					25a DA	TE REC'D. BY RI	EGISTRAR 256. R	EGISTRAR'	SSIGNATURE	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-transit permit. Then plea is with the State Dept. of Health and Mental Hygiene prior to burial, the

retained by the hospital or attending physician

BP.

MPORTANT: If them 21 is marked or them 18 shows any

(VRA 15, 4)

Raymond C. Fink Glen Bürnie, Md. 21061

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STATE OF MARYLAND

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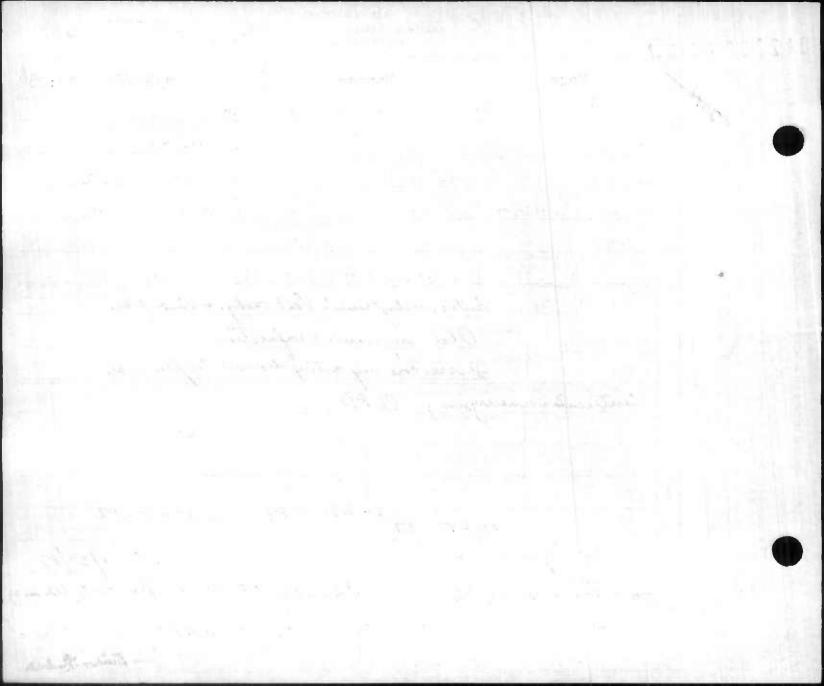
3. SEX To. BIRTH COUN Ma: 10 CITY C	Pete Male	4 RACE	hite	Par	pas	20. DATE OF DEATH MONTH		26 HOUR
3. SEX To. BIRTHI COUN Ma. 10 CITY C	Pete Male  PLACE (STATE OR FOREIGN  NTRY)  ATTYLIAND	4 RACE	hite		mas	1/	100 /00	_ ^
70. BIRTH COUN Ma: 10 CITY C Ba	Male  IPLACE (STATE OR FOREIGN  NERY)  LEYLAND	4 RACE	hite		21.179.25		20 / 27	144.000
70. BIRTH COUN Ma: 10 CITY C Ba	IPLACE (STATE OR FOREIGN NIRY)	W	hite		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	29/87	IF UNDER 24 HRS
Ma:  10 CITY C  Ba  USUAL R	ryland	76 CITIZEN OF	TILCO	MONTH		69 v	MONTHS DAYS	HOURS MIN.
10 CITY O		US	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED DIVORCED	Baltimore Ci		MD
USUAL R	ltimore	11. NAME OF		G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE DE WORK FOR MOST OF WORK TOOL Maker	ING LIFE) INDUSTRY	nghouse
Ma	1.0	or other institution unity	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Lansdown	N	13d. INSIDE CITY LIMITS? YES NO 🛣	13e.STREET ADDRESS / ZIP ( 3215 Rosalie	CODE	
FATHE	ER'S NAME FIRST George	WIDDLE	Pappas		IS MOTHER'S MAIDEN NA FIRST  Jennie	ME MIDDLE	Dez	
16a WAS	DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	1002	CO
	NO OR UNKNOWN) (IE YES,	W II	217-05-4		Irene Imbrag	ulio, 2409 Tio	nesta Roa	d
NOIL PA	nderlying cause last.  ART 2 OTHER SIGNIFICAN  Venturella  DATE OF OPERATION	r anew	ONTRIBUTING TO E	CO	NOT RELATED TO THE TERM	20a AUTOPSY? 20b.	N GIVEN IN PART 1	o NGS USED
# L						YES NO	YES	NO 🗌
0.0	ACCIDENT WAS UNDERLYING     CONTRIBUTING	DEATH HOUR A	DF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART T OR PART 2)	
WED 21d	d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, E.		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
220	a I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did	an 1-	- 29 19	P7 , or	nd that in (my) (aur) apinion	death accurred on the date one		that (I) (we) last causes stated
	b. SiGNATURI	0	5			MEDICAL STAFF DIRECTOR PHYSICIAN	1/2	9/87
224	1//	NANDER,	MO		St Agnes Hosp	ital 900 Caton	Are Ball	to les an
230. BURI	IAL, CREMATION, REMOV	AL 236 DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
1,50	Burial	2/2/	87   Ce	dar H	ill Cemetery	Brooklyn Par		Maryland
24 FUNE	RAL DIRECTOR		ADDRESS		21229 25a. DA	LE REC'D. BY REGISTRAR 256 RE		

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR. should be detached for with the State Dept of MPORTANT: If He



STATE OF MARTLAND										
DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE									
CERTIFICATE OF DEATH										

Gardens-Balto.,

REGISTRAR 20. DATE OF DEATH 1. DECEASED NAME AMOS TYPE OR PRINTS Amos 5. DATE OF BIRTH IF UNDER I YEAR 3. SEX 4 RACE Male White To. BIRTHPLACE | STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Great Falls, Va BALTIMORE CITY WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IO. CITY OR TOWN OF DEATH IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS icer-Hosp. USUAL RESIDENC 13a. STATE 13e STREET ADDRESS / ZIP CODE 136 COUNTY 13d. INSIDE CITY LIMITS? SOUTH NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Lawson SUSAN Darte W. Parker-205 East Ave. 21224 ARMED FORCES? ASOUTH BALTIMORE GEN HOSP 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION CERFBRAL 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? UNSTABLE NOM YES M NO [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER! P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 2 If LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, FAC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MO 21209 KLIGMAN 23C NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL (SPECIFY) Holly Hill Memorial Burial

3000 Baltimore St.; Balto., Md. 21224 JA

DHMH - 16 60M 7/84

(VRA 15, 4)

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Buriel 1/30/87 Hally Will Monerted Cardons-Halton, Nd. 31/24 May C

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STATE OF MARYLAND						
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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s offer deoth		CEASED NAME FIRST OR PRINT) BEAT	rix Ji	P	XKER		1-22-8	27 635 PI
		F	4. RACE	S. DATE C	28 28	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
\$7	N	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTE	RY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OF	COUNTY OF DEAT	H
1	10. C	A HIMOR P	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		ND OF BUSINESS C
r most		AL RESIDENCE (IF NURSING HOME OF TATE 136, COL	OR OTHER INSTITUTION GIVE RESIDENCE BEI		134 INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE ON	131.
examine	14. FA	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	WE	. 5	mm5
e medical		VAS DECEASED EVER IN U.S. A YES, NO ORUNKNOWN) (# YES, G	RMED FORCES? 166 SOCIAL SE IVE WAR OR DATES! 212-2	25717	GWENDOLVA	Holley 10	320 Hick	a Ny
Ment, in	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)				ond	A 861		
	Conditions, if any, which (b) Pulmonay Embly						>	1 ref
r other		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC				>	3 dys
nos ocen signed t permit. Then ple tene prior to burit aws ony injury, o	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
	190 DATE OF OPERATION 196. CONDITION FOR WHILE  210. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY			ICH OPERATIO	N WAS PERFORMED	200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT  YES NO NO NO		
os the burial-transity and Mental Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PAR	T 2)
		216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC )	211 LOCATION STREET	CITY OR TOV	vn COUNT	Y STATE
of Healt	270. I certify that (I) (this haspital) ottended the deceased from							
T: If Hem		J-Kin	ay MD		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	FAC	ATE SIGNED
IMPORTANT: IF		22d REMISICIAN'S NAME (TYPE	112		301 St Paul	cy HUSGITA	Eselt, mo	
ž ·		SURIAL, CREMATION, REMOVA	1/28/87		EMETERY OR CREMATORY  Igton National	23d LOCATION		STATE
	24 Ft	JNERAL DIRECTOR				REC'D. BY REGISTRAR		NATURE

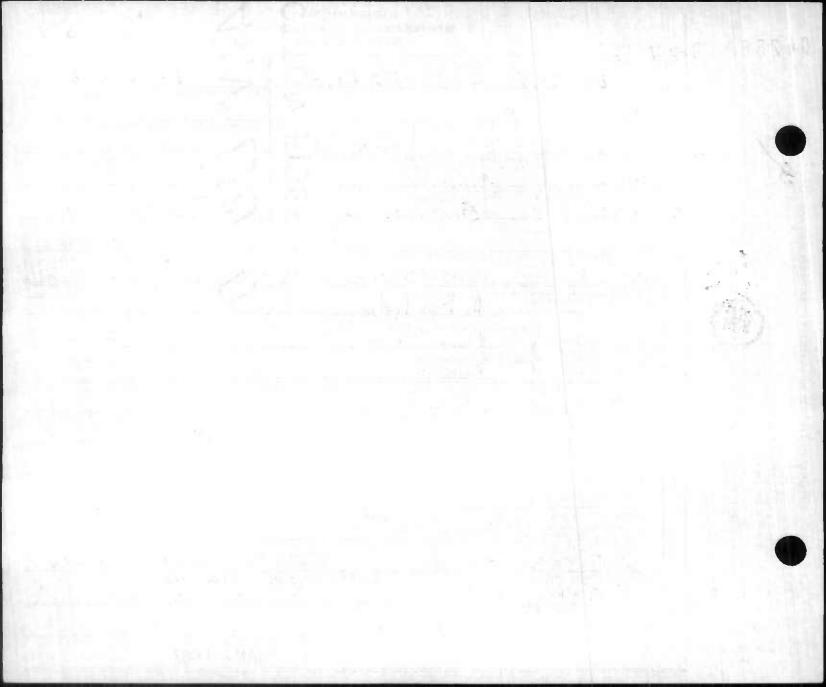
DHMH - 16 60M 7/84 (VRA 15, 4)

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March F.H. 4300 Wabash Ave.

JAN 29 1987

Jandon Hudall



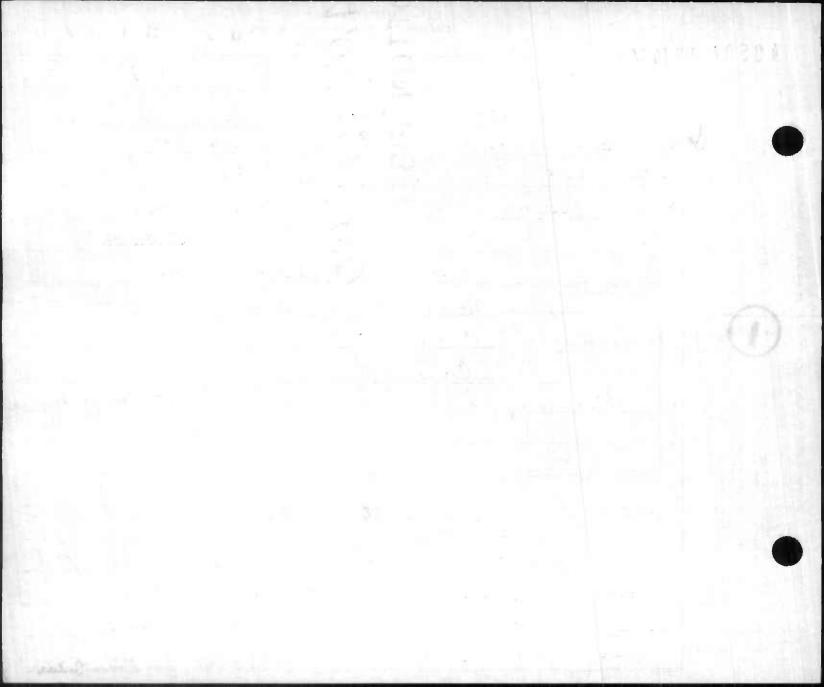
STATE OF MARTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 / O	1470
P. DECEASED NAME FIRST	WIDDLE	LAST	28. DATE OF DEATH MONTH	DAY / YEAR 26 HOUR
(TYPE OR PRINT) FRAN	CES	PARKER	1/	8/87 112 pm
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MUNDER I YEAR IF UNDER 24 HRS.
Female	White	October 13, 191	8 68 <sub>YRS.</sub>	MONTHS DATS HOURS MIN.
West Virginia	76 CITIZEN OF WHAT COUNTRY U.S.A.	Y? 8 MARRIED X NEVER MARRIED	R BALTIMORE CITY OR COUNTY	OFDEATH
IN CITY OR TOWN OF DEATH BALTIMORE CITY	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE UNION M	MEMORIAL HOSPITA	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b KIND OF BUSINESS OR INDUSTRY L'extiles
	prother institution give residence beri INTY 13c CITY OR TO Carney	YES NO	9287B Throgmort	on Road 21234
114. FATHER'S NAME Eli FIRST	Smith LAST	15. MOTHER'S MAIDEN N. Phoebe	Smith MIDOLE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX LAST
160 WAS DECEASED EVER IN U.S. A	INC WAR OR DATES		ADDRESS	
(1F YES, G	220 18	4284 John O. Park	ker Same	
Conditions, if ony, which gove rise to immediate couse (a), starting the underlying couse last.  PART 2. OTHER SIGNIFICANT	cely tracto	DENCE OF COLOR TO THE TER	sto hetroppele	itougal leuses
190 DATE OF OPERATION  710 ACCIDENT WAS UNDERLYING	196/CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \( \text{NO} \)
OR CONTRIBUTING CAUSE OF D	ER) P.M.	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)
214 IN JURY OCCURRED  WHILE NOT WHILE AT WORK	218: PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive a above, (I),(we) (did) (did n	pital) attended the deceased from	87, and that in (my) (our) apinior	n death occurred on the date and hou	
226. SIGNATURE	u Duest	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11 8 87
22d PHYSIČIAN'S NAME (TYPE SUSAN DUM		22e. ADDRESS UNION M	EMORIAL HOSPITA	AL
230. BURIAL, CREMATION, REMOVA BURIAL		NAME OF CEMETERY OR CREMATORY  Sardens of Faith	Fullerton, Ba	1to.Co., MD STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burgee-Henss Funeral Home, Balto., Md 21211

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	£
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	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the detail certificance executed entire 24 hours after dec etomed by the hospital or attending physician.
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TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached far use as the burial-transit permit. Then please menth the State Dept. of Health and Mental Hygiene prior to burial, creit

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO Parker 20 DATE OF DEATH MONTH -10-87 26 HOUR R. R 1/10

I DEC	CEASED NAME Stanley	R.	IAS P	Parker	20 DATE OF DEATH MONTH -	10-87 7:41
3. SEX	M	W	DATE OF MONTH	BIRTH DAY 23 YEAR 32	STY JT YRS.	IF UNDER 1 YEAR IF UNDER 24 H
	RTHPLACE (STATE OR FOREIGN 76	TICA	MARRIED :	NEVER MARRIED DIVORCED	Baltimore City of COUNTY Baltimore Cit	ty
)Ba	IL TIMORE (1)	NAME OF HOSPITAL, NURSING HOSPITAL NURSING HOSPITAL NORTH AND THE HOSPITAL NORTH AND THE HOSPITAL NURSING HO	Spit	al Pilm	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIF TOOL & Die	12b. KIND OF BUSINESS INDUSTRY
13a. S	AL RESIDENCE (# NURSING YOME OR OT TATE 134 COUNTY MD HOWAY	13c. CITY OR TOWN	11	TEST NO X	13e STREET ADDRESS / ZIP CODE 142 Frederick	Road 21043
17.	THER'S NAME FIRST MID  Prman	Parker		s. mother's maiden nam Unkno	WIDDLE	IAST
	VAS DECEASED EVER IN U.S. ARME VES, NO OR UNKNOWN) (1F YES, GIVE W NO	AR OR DATEST		7. INFORMANT Catherine	ADDRESS Parker Same as	s #13e
	DART I DEATH WAS CALISED F	one couse per line for 101, (b), and 10 BY: CAUSE (a) GASTNA INTO		L BLEEDING		APPROXIMATE INTERVA BETWEEN ONSET AND DE
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE  (b) DOP NOTE: CONSEQUENCE  DUE TO, OR AS A CONSEQUENCE  (c) C ( ) C	PARIC		Frescons	logs Years
CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEA			20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH
	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	211 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
MEDICAL	71d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM		STREET	CITY OR TOWN	COUNTY STA
	27a I certify that (I) (this haspital saw the deceased alive an above, H (we) (did) (did not) y	1/10 19 8.		that in (pry) (our) opinion of	death occurred on the date and hou	
	1226 SIGNATURE	arla	^	GREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
	STEVEN A P	EARLMAN		900 S.	CATON AVE	
24 FL	Burial  JNERAL DIRECTOR 30	01-14-87 Mt	Oliv	e Cemtery 21228 250 gy	Randallstown Control of the Stown	Palto MI



## STATE OF MARYLAND

DOTOR AND INCOME THE DESIGNATION OF THE DATE OF THE DA	042	7591	FEB.	1-	FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL HYG	REG. NO.	1 4 / 2
BERNARD JOSEPH PAROLA  JANUARY 30, 1987  LACE INTERNAL REMAINS HEADER  MALE  WHITTE  11 29 27  MARKED   NEW ALARKED   YES  MARKED   NEW ALARKE							MIDDLE	L.	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
MALE WHITE 11 29 27    R. BRENDARCE   STATE OF LORGON   D. CHIERDOF WHAT COUNTRY	1	8.8	V	{ I YPE		J(	DSEPH	PAR	OLA	JANUARY 30, 198	7 2:15A N
MALE    A BRITHPRACE CISER CONTINUED   1. CAUSE OF WHAT COUNTRY   1. MARRED   NEVER MARRED   1. SAITIMORE CITY OR COUNTY OF DEATH		2.7	*	3. SE>		4. RACE					
A BIRTHPACE (STATE OF STATE OF WHAT COUNTRY)  PARTINOVED IN A BAITHORE CITY BE COUNTY OF DEATH  BALTIMORE  THE JOHNS HOPKINS HOPKINS HOSPITAL  THE JOHNS HOPKINS HOSPITAL  THE JOHNS HOPKINS HOPKINS HOSPITAL  THE JOHNS HOPKINS HOSPITAL  THE JOHNS HOPKINS HOPKINS HOSPITAL  THE JOHNS HOPKINS HOSPITAL  HOPKINS HOPKINS HOPKINS HOPKINS HOSPITAL  THE JOHNS HOPKINS		1 1 V	Y		MALE	WHI	TE				TOTAL MAIN.
Denney Juania  J. C. A. WOOMED  DOORED   -	4.6	87-			76 CITIZENO	F WHAT COUNTE	RY? 8.	NEVER MARRIED		OFDEATH	
DECLIFE ROWN OF DEATH STATE OF HOSPITAL, NUSSING CHARLES OF MONE OR OTHER INSTITUTION STATE TOWN PROFITS OF MONE OF MONE OF WORK OF MONE OF WORK OF MONE OF MO	•	926	12			II.S	Α			BALTIMORE CITY	MD
DELTA RESIDENCE (I MANUAL CONSETTION OF AS A CONSEQUENCE OF LOCATION OF AS A CONSEQUENCE OF LO		2 2	2						ROTHER INSTITUTION	120 USUAL OCCUPATION	
18 STATE   ADDRESS / ZIP CODE   18 STATE ADDRESS / ZIP CODE   ADDRESS / ZIP CODE   ADDRESS / ZIP CODE   ADDRESS / ZIP CODE   ADDRESS   ADDRE	102	3 C	10	- 2					OSPITAL	Travel Agent.	Self Emo.
BETNAME BESTAND MODIE BESTAND DEPOS PATOLA, ST. Priscilla Foggey  NAME FORCES?  IN WAS DECREASED EVER IN U.S. ARRED FORCES? IN SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  Sharon P. Pese 4550 Gulfstream Road 33461  IS CAUSE OF DEATH Enter only one couse per line for 10. Ib. and 10. Im. Sharon P. Pese 4550 Gulfstream Road 33461  IS CAUSE OF DEATH Enter only one couse per line for 10. Ib. and 10. Im. Sharon P. Pese 4550 Gulfstream Road 33461  IS CAUSE OF DEATH Enter only one couse per line for 10. Ib. and 10. Im. Sharon P. Pese 4550 Gulfstream Road 33461  IS CAUSE OF DEATH Enter only one couse per line for 10. Ib. and 10. Im. Sharon P. Pese 4550 Gulfstream Road 33461  IS CAUSE OF DEATH Enter only one couse per line for 10. Ib. and 10. Im. Sharon P. Pese 4550 Gulfstream Road 33461  IS CAUSE OF DEATH Enter only one couse per line for 10. Ib. and 10. Im. Sharon P. Pese 4550 Gulfstream Road 33461  IS CAUSE OF DEATH Enter only one couse per line for 10. Ib. and 10. Im. Sharon P. Pese 4550 Gulfstream Road 33461  IS CAUSE OF DEATH Enter only one couse per line for 10. Ib. and 10. Im. Sharon P. Pese 4550 Gulfstream Road 33461  IS CAUSE OF DEATH Enter only one couse per line for 10. Ib. and 10. Im. Sharon P. Pese 4550 Gulfstream Road 33461  IS CAUSE OF DEATH Enter only one couse per line for 10. Ib. and 10. Im. Sharon P. Pese 4550 Gulfstream Road 33461  IS CAUSE OF DEATH Enter only one couse per line for 10. Ib. and 10. Im. Sharon P. Pese 4550 Gulfstream Road 33461  IS CAUSE OF DEATH Enter only one couse per line for 10. Ib. and 10. Im. Sharon P. Pese 4550 Gulfstream Road 33461  IS CAUSE OF DEATH Enter only one couse per line for 10. Ib. and 10. Im. Sharon P. Pese 4550 Gulfstream Road 33461  IS ADDRESS  IS ADDRESS  IS MOTHET'S ANABER TORS OF AND 10. IN Sharon P. Pese 4550 Gulfstream Road 33461  IS ADDRESS  IS ADDRESS  IS ADDRESS  IS ADDRESS  IS MOTHET'S ANABER TORS OF AND 10. IN Sharon P. Pese 4550 Gulfstream Road 33461  IS ADDRESS  IS ADDR	221	p d d	2/0	130 S	TATE M. OU	VTY			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	7933458
BENTALD JOSEPH PATOLA, ST. Priscilla Poggy  16 WAS DECEASED EVER N. U.S. ARRED FORCES?  17 WEST OF THE CONTROL OF	AN	43	10			Beach	Jupite	r			1 Apt. B6
No Consideration   The Condition   The Condi	RYL	de de	16/	4 FA		MIDDLE	LAST				LAST
The continue of the continue	W	-60 /	5/6								Fogey
B CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c)	ORE	G 5	1				166 SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDRESS	
PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE TO)  CARD TO PULMONARY ARREST  3 min week  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO  IS CHEMIC HEART DISEASE  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO  IS CHEMIC HEART DISEASE  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO  IS CHEMIC HEART DISEASE OR CONDITION GIVEN IN PART 1 TO  IS CHEMIC HEART DISEASE OR CONDITION GIVEN IN PART 1 TO  INCERTIFYING CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CO	MIT	95	12		YES W	1 II	168-18	-4242	Sharon P. Pe	ese 4550 Gulfstre	
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DUE TO, OR AS A CONSEQUENCE OF ICLUMENT IN THE CONDITION SCONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN THE TERMINAL DISEASE OR CONDITION GIVEN IN THE TERMINAL DISEASE OR CONDITION GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN	58	2-14	100			(b)_	Hel	rato ce	Jular Car	Cinoma	1 months
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TSCHEMIC HEACH Disease  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  206. AUTOPSY?  YES NOW YES NOW INCERTIFYING CAUSES OF DEATH YES NOW PES NOW	10	989	0.0			( (c)_					
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216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216. PLACE OF INJURY IN OTHER MEDICAL EXAMINER) 216. PLACE OF INJURY 216. INJURY OCCURRED 216. PLACE OF INJURY 216. INJURY OCCURRED 216. PLACE OF INJURY 216. PLACE OF INJURY 216. INJURY OCCURRED 217. INJURY OCCURRED 217. INJURY OCCURRED 217. INJURY OCCURRED 217. INJURY OCCURRED	REC	0 1 1	1/3	FICA	198. DATE OF OPERATION	148 COIN	DITION FOR WHI	ICH OFERATIO	WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH P.M. MONTH DAY YEAR P.M. 19  21d INJURY OCCURED  21e PLACE OF INJURY  21e PLACE OF INJURY  21o To Town County STREET  22e 1 certify that (1) this hospital) ottended the deceased from saw therefore degive on above (1) we (idid) filid not) view the bady ofter death.  22e 1 certify that (1) this hospital)  22e 1 certify that (1) this hospital) ottended the deceased from saw therefore degive on above (1) we (idid) filid not) view the bady ofter death.  22e 1 certify that (1) this hospital)  22e 1 certify that (1) this hospital  22e 2 countries that (1) this hospital	TAL	1116	6/	ERT	21a ACCIDENT WAS UNDERLYING T	7 21b TIME	OF INJURY		21c HOW INJURY OCCUR		
216 INJURY OCCURRED  216 PLACE OF INJURY 1AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  218 LOCATION STREET  218 LOCATION STREET  CITY OR TOWN  COUNTY  STATE  216 LOCATION STREET  CITY OR TOWN  COUNTY  STATE  216 LOCATION STREET  CITY OR TOWN  COUNTY  STATE  217 LOCATION STREET  CITY OR TOWN  COUNTY  STATE  218 LOCATION STREET  CITY OR TOWN  COUNTY  STATE  218 LOCATION STREET  CITY OR TOWN  COUNTY  STATE  10 We load STATE PHYSICIAN  218 LOCATION STREET  CITY OR TOWN  COUNTY  STATE  218 LOCATION STREET  CITY OR TOWN  COUNTY  STATE  10 We load STATE PHYSICIAN  218 LOCATION STREET  CITY OR TOWN  COUNTY  STATE  218 LOCATION STREET  CITY OR TOWN  COUNTY  STATE  210 LOCATION STREET  210 LOCATION STREET  210 LOCATION STREET  CITY OR TOWN  COUNTY  STATE  210 LOCATION STREET  210 LOCATION STATE STA	4	A STATE OF	EG	AL C	OR CONTRIBUTING CAUSE OF DE	ATH HOUR	A.M. MONTH			TEN TENTER HANDE OF MODEL IN THE TOTAL	
220.1 certify that (1) this hospital) oftended the deceased from 126 1987, to 30 1987, that (1) (we) last saw therefore delive on 30 1987, and that if (my) our) apinion death accurred on the date and hour and from the causes stated above (1) we (idid) fall not) view the bady ofter death.  DEGREE  DEGREE  226 DATE SIGNED  226 DATE SIGNED  226 DATE SIGNED  227 PHYSICIAN'S NAME (IYPE OR PRINT)  D. L. CLEMENS, M. D., Ph. D. Johns Hopkins Hospital  236 BURIAL, CREMATION, REMOVAL 238 DATE  236 BURIAL, CREMATION, REMOVAL 238 DATE  236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	NO.	Men a	1	DIC	The state of the s			19	21E LOCATION		
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2726 SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF 2726 ADDRESS  D. L. Clemens, M. D., Ph. D. Johns Hopkins Hospital  236. BURIAL, CREMATION, REMOVAL 236. DATE  236. BURIAL, CREMATION, REMOVAL 236. DATE  237. NAME OF CEMETERY OR CREMATORY 238 LOCATION  238. BURIAL, CREMATION, REMOVAL 238. DATE	7	The state	2		saw the deceased alive or	1/	30 19	07	d that ir((my)) our) apinian	death accurred on the date and hour	
220 PHYSICIAN'S NAME (TYPE OR PRINT)  D. L. Clemens, M. D., Ph. D. Johns Hopkins Hospital  230. BURIAL, CREMATION, REMOVAL 230. DATE  1230. BURIAL, CREMATION, REMOVAL 230. DATE  1230. BURIAL, CREMATION, REMOVAL 230. DATE  1230. DATE 1230. NAME OF CEMETERY OR CREMATORY 2301. LOCATION		Ped C	5			ot) view the bad	ly ofter death.		DEGREE		226 DATE SIGNED
22d PHYSICIAN'S NAME (IVPE OR PRINT)  D. L. Clemens, M. D., Ph. D. Johns Hopkins Hospital  23d. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION		1 000			VIE Clar	nema	1 1	MA P			1/30/07
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION		F 2 5	47		224 PHYSICIAN'S NAME TYPE	OR PRINT)	) "				1 / 51
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION	1 9	235	ž/		D. L. Clem	ens,	M. D., 1	Ph.D.	Johns Hop	kins Hospital	
	000	5 5 5 5 E	=1			23b. DATE	2	3 NAME OF C		23d LOCATION	COUNTY

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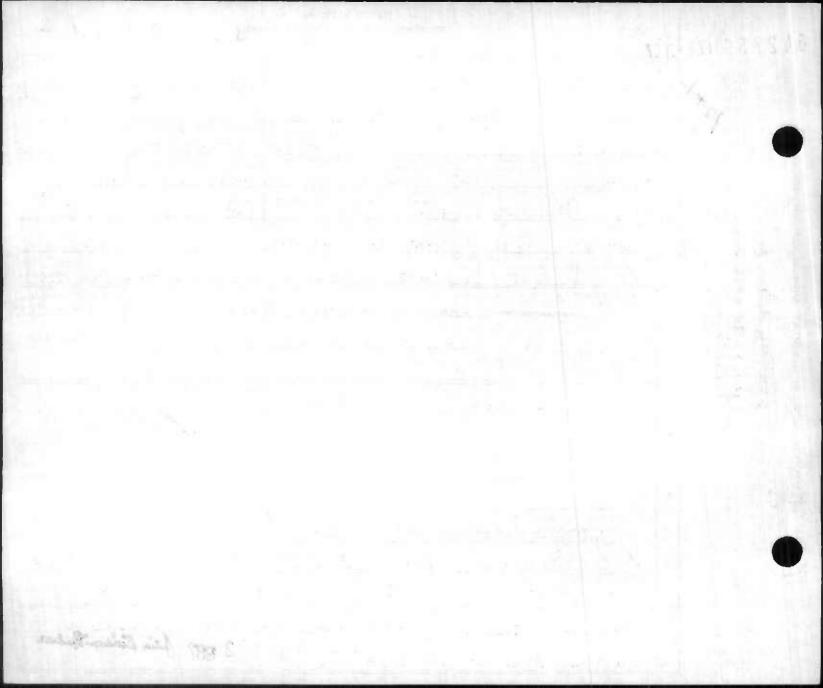
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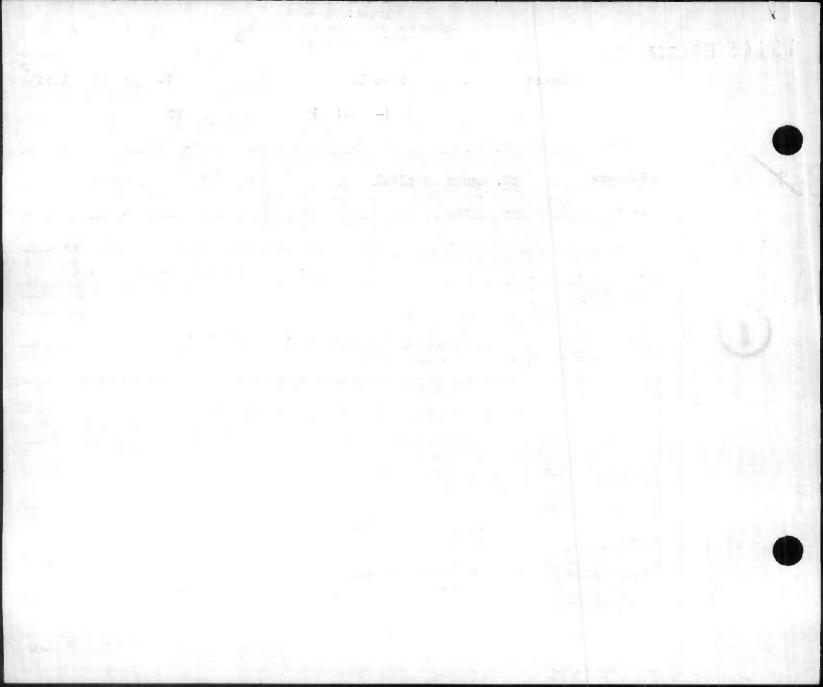
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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Lerov M. < Russell C. Witzke Funeral Home

(VRA 15, 4)



JAN PROPERTY				- CO	MARYLANI						1
			DEPARTMENT				100	.0		4/	4
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3. SEX Male	-Arric	7.	nthony				OF	KNOWN X	MONIN		26 HOUR
2.654	Josep	211			Paul			MATED	HTHOM	7 1487	M
3. SEX	4 RACE	5. DATE OF BIRTH	YEAR LAST			F UNDER 24 I			MONTH		1 - 537
Male	White	08 08		7 YRS.			DEA		1	7 198	/ M
7a. BIRTHPLAC FOREIGN COU		76. CITIZEN OF WE	IAT COUNTRY?	8 MAR	RRIED NEVE	ER MARRIED	9. BALTIA	AORE CITY	OR COUN	TY OF DEATH	
Mary.		USA			OWED [	DIVORCED		altimo			MD
ID. CITY OR TO	WN OF DEATH	11 NAME OF HOS	ILITY, GIVE STREET AD	DRESS)	THER INSTITUTI	ON 120	FOR MOST OF WO	PATION (TYP	E OF WORK	12b KIND OF OR INDU	BUSINESS
	timore	3529 Ke	eswick R	oad :	21211		Handym				
USUAL RESIDE	NCE (IF IN NURSING HOME 13b. COU	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE		134 INSIDE CITY	/ LIMITS? 1134	STREET ADDR	FSS			
Maryla	The second second		Baltim		YES 🛣		3529 Ke		Road	21211	
14. FATHER'S N	AME	MIDDLE	LAST		IS. MOTHER	SMAIDEN	IAME	WIDDLE		1457	
Robe	ert 1	Ernest	Paul		Mai	ry		Ellen		Savin t	.0
16a WAS DECE {YES, NO, OR L	ASED EVER IN U.S. AI	RMED FORCES?	166. SOCIAL SE	CURITY NO.	17 INFORMA	ANT		ADDRESS	5		
Yes	1976	- 77	219-70	-4516	Donna	Marie	Paul 3	529 Ke	swick	Road	21211
		nly one cause per line	for (a), (b), and (	c).)	-					APPROXIM	ATE INTERVAL
	I DEATH WAS CAUSI	ED BY	Gunshot		of head					BETWEEN ON	NSET AND DEATH
	IMMEDIA		AS A CONSEQUI								
	ditions, if ony, which										
COU	rise to immediate (a) stating the <u>under</u>	-	AS A CONSEQUI	NCE OF							
lyin	cause last.	(c)									
PART 2 OT	IER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH I	UT NOT RELATED TO T	HE TERMINAL DISE	EASE OR CONDITION (	GIVEN IN PART 1	0.				
19a. DAT	OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION	WAS PERFORM	ED?				20 AUTOP	SY?
Ĭ		i								HEAD YES K	ONLY
	RNAL CAUSE WAS	21b. TIME OF		21c	HOW INJURY C	OCCURRED (E	NTER NATURE OF IN	IJURY IN ITEM 18	PART I OR PA		
UNDERL CONTRI	TING XOR BUTING CAUSE OF	DEATH 1:2 PX	MONTH DAY		self inf	Flicter	1				
a 21d INJU	RY OCCURRED	21e PLACE C	FINJURY (ATH		OCATION						
₹ WHILE	NOT WHILE >	STREET, FACT	ORY, FARM, ETC.)	30	529 Kesv	rick Po	d. Bal		CO	UNIY	MD.
							7				FID.
220	certify that I taak char	rge of the remains desc				Inspection L		LJ, or	nd in my op	oinion	
death r	esulted from: Nati	urol causes 🔲 ,	Accident .	Svicide			Indetermined m	anner .			
ACTUAL	1.1	01			TITLE (SPE				DATE	1/7	107
SIGNAT	JRE ///	- for			M.D. ASS1S	stant	MEDICAL EXA	MINER	SIGNE	1/7	/8/
	R'S NAME TATA	I Van W	7000 14			111 D-	C+	D-14-	3.6-7		
EXAMIN		Illiam M. 2	Lane, M.		ADDRESS		nn St.	Balto	- MC		
(TYPE OF											
23a.BURIAL, CR	MATION, REMOVAL		1	OF CEMETERY			3d. LOCATION		COU		STATE
230. BURIAL, CR	mation, REMOVAL urial	1/10/87	1		rd Cemet	ery	CITY OR TOWN	ott Ci	ty cour	Maryl	and

te e.va.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST MIDDLE 2a DATE OF DEATH I. DECEASED NAME LITYPE OR PRINTI PEARSON poge 3 LILLIE Μ. 4. RACE 5. DATE OF BIRTH 3 SEX or. p MONTH В F 6 TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED S.C. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BALTO USUAL RESIDENCE (IF NURSING OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a. STATE 13c CITBALLAWN 13d. INSIDE CITY LIMITS? P NO [ IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE LAST MIDDLE MARGARET plio ROBINSON WITITIAM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ges (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES) 240389804 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b)) and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate Rilair Post couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse Dementie CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOF 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE

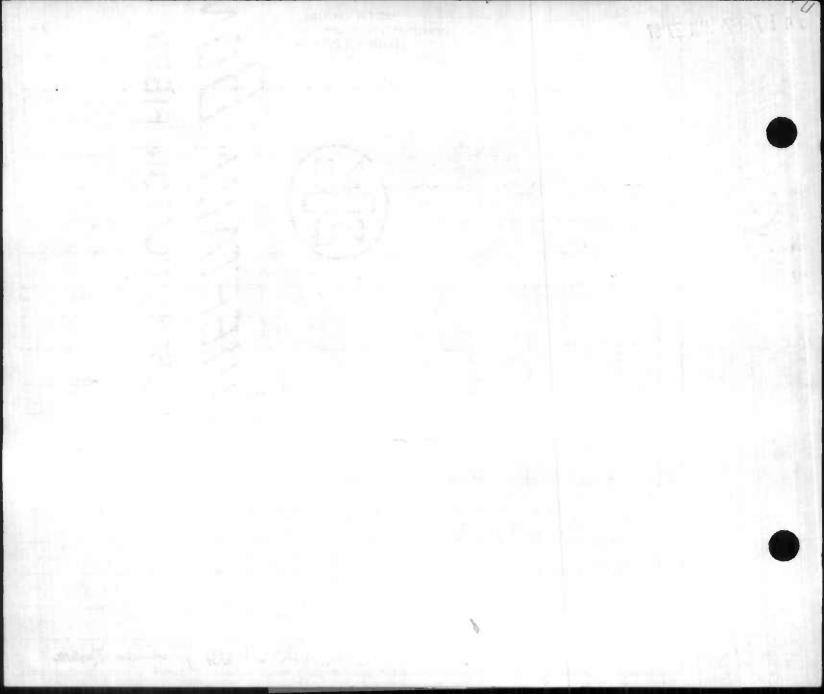
26 HOUR 1/14/87 IF UNDER I YEAR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH BALTO. CITY MD. 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13 STRUET ADDRESSANTIPOPPERET 21217 7 LAST ADDRESS RILEY THOMPSON 909 APPLETON STREET APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OF TOWN STATE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN MIDIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore COUNTY MD Burial 1/19/87 Baltimore Cemeter 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR MARCH FUNERAL HOME 1101 E. NORTH AVENUE

DHMH - 16 60M 7/84 (VRA 15, 4)

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DRIANT





## STATE OF MARYLAND

DEPART

CERTIFICATE OF DEATH	REG. NO.	)	Sin &	1 1	,
Pennington	20. DATE OF DEATH MONTH	DAY	8	26 HOUR	
5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24	HRS
MONTH DAY YEAR	9 -	MONTH	S DAYS	HOURS	MIN

To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) WIDOWED

DIVORCED [ NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LINE

9 BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR INDUSTRY

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN

4 RACE

FIRST

FOR

- STATE A TREGISTRAR T. DECEASED NAME

(TYPE OR PRINT)

10 CITY OR TOWN OF DEATH

14. FATHER'S NAME

(YES, NO OR UNKNOWN)

Conditions, if ony, which gove rise to immediate couse (o), stoting

underlying couse

CERTIFICATION

3. SEX

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d INSIDE CITY LIMITS? NO [ 15. MOTHER'S MAIDEN NAME

MARG

13e.STREET ADDRESS / ZIP CODE pa

MIDDLE LAST

16g WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line to (o), (b), and (c).)

16b. SOCIAL SECURITY NO

17 INFORMANT

Went TIOSEAR APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO OR ASIA CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

90 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?
		YES NO

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NO YES -216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

CITY OR TOWN

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e PLACE OF INJURY

211 LOCATION

NOT WHILE AT WORK 220.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on

STREET

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

NO

STATE

	obove, (I) (we)	(did) (did	not) viev	w/the	body	ofter	deo
22b.	SIGNATURE		11	0	20	0	1

DEGREE ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME LTYPE OR PRING

23b. DATE

22e. ADDRESS

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO HOSPITAL retained by th

DHMH - 16 60M 7/B4

(VRA 15, 4)

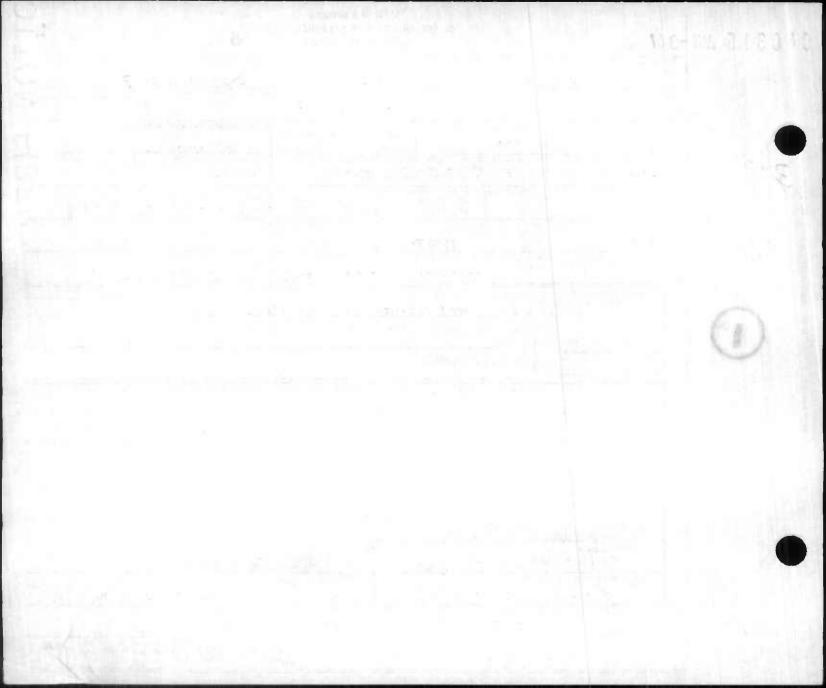
MARCH FUNERAL HOME 1101 E, NORTH AVE,

poge 3

STATE OF MARYLAND

8	REG. NO.	0	1	Se .	1	
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E STRAR			DEPART		ICATE OF I	MENTAL HYG DEATH	SIENE 8	REG. NO	0	de.	1 8
DNAME	FIRST		WIDDLE	i	AST		2a. DATE OF	DEATH	MONTH D	AY YEAR	26 HOUR 1
	Joann	a		I	PERRY		Jan	uary	5, 19	87	6:29 <sup>A</sup>
18	4: F	RACE		5. DATE C		YEAR	6 AGE IN YE	ARS LAST BIRT		ONTHS DAYS	IF UNDER 24 HR
	]	В		11	16	°Ô7	79		YRS.	DATS	HOURS MI
ACE (STATE OR	FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	MARRIE!	D NEVER	MARRIED	9 BALTIMOR		rcounty		
TOWN OF DE	ATH 11.	NAME OF	HOSPITAL, NURSIN YTA'NG GE	NG HOME C	OR OTHER INS	TITUTION	12a USUAL C (TYPE OF WORK DISA)	CCUPATION MOST OF	NC	12b KIND C	OF BUSINESS C
IDENCE (IF NUR	13b COUNTY	ER INSTITUTION	BALTO		13d INSIDE C	CITY LIMITS?	13e.STREET A			AD 2123	14
NAME MES	MIDE		LAST AUST		RO	S MAIDEN NA FIRST XANNA	ME	WIDDLE		HARR	
CEASED EVER	(IF YES, GIVE WA		21856125		IOLA	BENTON	5005 PI	addre LYMOU		. 2121	+
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CCIDENT WAS UN	CAUSE OF DEATH		M. MONTH D		21c HOW IN	NJURY OCCURE		NOKK URE OF INJUR	YES		NO 🗌
NJURY OCCUR	RED	21e PLACE	M. OF INJURY REET, FACTORY, OFFICE	FARM. ETC.)	211 LOCATION STREET	ON		CITY OR TO	WN	COUNTY	STATE
certify that (1)	(this haspital)	Januar	be deceased fram_19_19_19_19_19_19_19_19_19_19_19_19_19_	86 , an	DEGREE	ATTENDING	MEDICAL	on the do	te ond hour	9 86 and from the	causes stated
PL	ih-jiau	Chen,		NAME OF C	c/	o Msry			l Hos	pital	
RTAT.	1	. 8 87				ONAL	LAUF	R TOWN		COUNTY	STATE MD
HYSIC	IAN'S NATION	TURE TURE THE CONTROL OF THE CONTROL	TURE TO THE STATE OF THE BODY  TORE TO THE STATE OF THE BODY  TAN'S NAME (TYPE OF PRINT)  PLIN-jiau Chen,  MATION, REMOVAL 23b DATE  1. 8 87	TURE A Ches  IAN'S NAME (TYPEOR PRINT)  FLih-jiau Chen, M.D.  MATION, REMOVAL 23b. DATE  1. 8 87  MATION  ADDRESS	TURE CLOS VIEW THE BODY after death.  TURE CLOS VIEW THE BODY after death.  TAN'S NAME (TYPE OR PRINT)  PLIH-jiau Chen, M.D.  MATION, REMOVAL 23b. DATE MARYLAN  L 1 8 87 MARYLAN  ADDRESS	TURE DEGREE  TORE	TURE ATTENDING PHYSICIAN [INDEX] VIEW THE BODY OFFICE ATTENDING PHYSICIAN [INDEX] ATTE	TIRE ATTENDING MEDICAL PHYSICIAN DIRECTOR DEGREE  ATTENDING MEDICAL PHYSICIAN DIRECTOR DIRECT	DEGREE  ATTENDING MEDICAL STAFPHYSICIAN DIRECTOR PHYSIC  IAN'S NAME (TYPEORPRINT)  ATTION, REMOVAL 23b DATE ATTIONAL CITY OF TOWN  I. 1 8 87  MARYLAND NATIONAL LAUREL  250 DATE REC'D. BY REGISTRAR	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  ATTION, REMOVAL 236 DATE  ATTION, REMOVAL 236 DATE  AMARYLAND NATIONAL  ADDRESS  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTO



	FOR
-	STATE
	REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	1	O	1	5 40 6	1	
	REG. NO.					

J	REGISTRAR				CERTIF	ICATE OF	DEATH	REG.	NO.	5 6		1
A	1. DECEASED NAME	FIRST		HERINE		ters		2a. DATE OF DEATH		DAY YEAR 23 86	26 HO	
1	1 SEX FEMALE	4	RACE	HITE	5. DATE (		YEAR 39	6. AGE (IN YEARS LAST	BIRTHDAY) YRS.	MONTHS DAY	R IF UNDER	
9	Maryland	OREIGN 71	U.S	WHAT COUNTRY?	MARRIE WIDOWE	D X NEVER	MARRIED -	Baltimore City Baltimor	OR COUNT			MD.
Ĺ	10. CITY OR TOWN OF DEA	TH 1	(IF NOT IN SUC	HOSPITAL, NURSIN	G HOME (	OR OTHER INS	TITUTION	12a USUAL OCCUPA (1YPE OF WORK FOR MOS HOMEMAKE)	TOF WORKING		OF BUSIN	
2	Maryland	ING HOME OR O 13b. COUNT	THER INSTITUTION.	Memorial GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimor	admission) N	13d INSIDE (	NO 🗆	13e STREET ADDRES 5611 Remn	S / ZIP COD		21206	5
)	14. FATHER'S NAME FIRST David	MI	ODLE	Valentin	e	IS. MOTHER	Mildre Mildre	MIDDLE		ř	illo	ch
	16a WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARM		220-34-7		17. INFORM		ters 5611	Remme	ll Ave.	212	206
	Canditions, if any, gave rise to imm cause (a), statin underlying cause  PART 2 OTHER SIGN	which nediote g the last.	(b)  DUE TO, OI  DUE TO, OI  (c)	ASYSTE  R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO D  LUPUS	NCE OF NATO	S DISIE		INAL DISEASE OR CO	NDITION G	IVEN IN PART	lio	
1	PAUL 190 DATE OF OPERAT	NOI	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE (ES   ]		TH?
1000	21a, ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DE ATH	P.	M. MONTH DA M.	19	21c. HOW IN	DN	ED (ENTER NATURE OF IN		PART 1 OR PART 2		STATE
	22a I certify that (I) saw the decease abave. (I)(we) (C) 22b SIGNATURE A 22d PHYSICIAN'S NA	Mod	1-23-8 view the bady	719	, oı	DEGREE	ATTENDING PHYSICIAN [	, to eoth occurred on the	AFF	22c DAT	that (I) (in expression of the causes strong to the cause strong to the	ated
		AUTIVO		) 	1115 = 5			rial Hospi	tal			
	230. BURIAL, CREMATION,  SPECIFY  Buria		23b. DATE 1/28/			emetery or park c	crematory emetery	Baltimo	ce. e	COUNTY	MANY	land

DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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DHMH - 16 60M 7/84 (VRA 15, 4)

41	061 JAN	g	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 7 <sub>REG. NO.</sub> 0	1 - 8 0
			CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
	page 3		MARGAR	ET M	PETR		987 8:55M
	4 mo	3. SE	F	4 RACE	5. DATE OF BIRTH  5-21-1915	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 74 HRS
	A The	1 X	IRTHPLACE (STATE OR FOREIGN COUNTRY)	75. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF	
	1 2 2		ALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET JOHNS HOPKIN	G HOME OR OTHER INSTITUTION ADDRESS) S HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY DEPT. STORE
ND 212	7 10	₩5U 13a.	AL RESIDENCE (IF NURSING HOME O STATE 136, COU	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW	N 13d INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP CODE 2604 MCELDERA	The state of the s
MAKTLA	of a china	14. F	ATHER'S NAME FIRST FREDERI	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME LENA STOCK	LAST
MOKE,	Popel Popel		WAS DECEASED EVER IN U.S. AF	MED FORCES? 16b. SOCIAL SECU 216-09-7	Mu OI I	. Scheper - 5903	Cedonia Rue.
or., BALI	physicia physicia proper moval. The			nly one cause per line for (0), (b), and (D BY: TE CAUSE (a) Cartio (e)	giratory arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  MINTER
SICH	death a otherdin non, or n aumatic		Canditions, if any, which	DUE TO, OR AS A CONSEQUE		reilney	minutes
X.	thos the eose ten ol. certific	-	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF Glioblustoma	Mult. Gime	2 weeks
KUS, Zu	quires signed Then pl to buri	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVEN	N IN PART Ito
AI KECC	The low rection. The hos been sit permit. I giene prior. Shows ony in	CERTIFICATION	190 DATE OF OPERATION	Left occipital	Glistlastom a	200 AUTOPSY? 20b. IF YES, IN CERTIFY! YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH?
200	YSICIAN: The dring physicic s certificate buriol-fronsit Mentol Hygis or Item 18 sho	97	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	YEAR 19 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T ( OR PART 2)
DIVISION OF	G PHYS offendin ter this c s the bur ond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
5	TTENDIN of TOR: After use of Health	H		ital) attended the deceased from 19 6	2 and that in (my) (aur) apinion	death occurred on the date and hour of	that (I) (we) last and from the causes stated
0	TAL OR A y the hosy RAL DIREC detoched tote Dept.  VI: If Hem		22b. SIGNATURE	Moskowitz	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	1 /13/87
	FUNE FUNE FUNE VID be h the S		220. PHYSICIAN'S NAME (TYPE O	Moswuin	22e ADDRESS	orth wolf s	t rut
	Short Short	22-	BUDIAL CREMATION REMOVAL	1224 DATE 122- N	JAME OF CEMETERY OF CHARLES	1234 LOCATION	

R BALTO. MD. COUNTY

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE (SPECIFY) BURIAL 1-16-87 HOLY REDEEMER 24 FUNERAL DIRECTOR .. Milly - 7527 Harfal Pol.

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0289 JAN	-D	FOR SS ATE REGISTRAR		DEPARTM	ENT OF HEAD	FMARYLAND .TH AND MENTAL HYG ATE OF DEATH	HENE 8 / O	1 4	8 1
ge 3 eoth		CEASED NAME FIRST CO CORPRINT Corinne	RINNE MIDDLE I	OUNHAM Y	LAST	PEVERLEY	JAN (	DAY YEAR	25 HOUR 6 30 AM
moy poor	3. SE	X	4 RACE		5 DATE OF B		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.
ge 4		Female	White		June	15, 1909 FAR	77 YRS		
a p		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	OUNTRY?	8 MAPPIED [	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	OF DEATH	
of or the state of		ryland	U.S.A		WIDOWED		BAltimore City	'	MD.
ofter d	10 C	II ltimbre	11. NAME OF HOSPIT.  (IF NOT IN SUCH FACILITY  Union Men	Y, GIVE STREET A	DORESS)		126 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING IT Admin. Assist.	FE) 126 KIND (	S BUSINESS OR
led in bold be fi	130	AL RESIDENCE (IF NURSING IN E OR STATE	ffy. 13c. CI	TY OR TOWN	1 130	I. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	E	24.24.0
shop shop		ryland	Ba.	ltimor		MOTHER'S MAIDEN NA	14 W. Coldspri	ng Lane	21210
Carried and and and and and and and and and an		George Cu		everle	у	Helen	Jenkins	Par	sons
ond co		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV		-44-86		P.Maddox 11	ADDRESS L8 Monroe St. Ro	ckville	.Md.20850
that the death certific on the corbon point of the corporate of the corpor		Conditions, if ony, which gove rise to immediate cause to stating the underlying cause lost	DUE TO, OR AS A	CONSEQUE	NCE OF	meningiti	5		
requires on signe Then p in to but	NOI	PART 2 OTHER SIGNIFICANT (	CONDITIONS <u>CONTRIB</u>	UTING TO D	EATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 1	0
he low in permit permit permit in pe	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH (	dperation v	/AS PERFORMED	IN CERTI	S, WERE FINDI FYING CAUSES ES	
HYSICIAN is certificate burial-trans Mental Hyg	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	ONTH DA	Y YEAR 19	LOCATION	RED (ENTER NATURE OF INJURY IN ITEM IS	PART 1 OR PART 2)	STATE
After the as the narked	W	WHILE NOT WHILE AT WORK	(AT HOME STREET FACT			NUARY 19 57			
Spiral of Hear use		220.1 certify that (1) (this haspi sow the deceased alive on above thing) (10) (did no			ond t	not in (my Cour opinion	death accurred on the date and had	ond from the	
at OR , the ho at DIRE letoched or the Dept.		226. SIGNATURE	July.	~	MIT	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		G, 1987
HOSPITA formed by Open the Story of the Stor		22d. PHYSICIAN'S NAME (TYPE O	HOEHNE	R, M		E ADDRESS UNION MEN	MORIAL HOSPITAL RE, MD 21218		
5 5 5 4 3 ₹	73a	BURIAL CREMATION PEMOVAL	236 DATE	73, N	AME OF CEM	TERY OR CREMATORY	173d LOCATION		

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR

PAUL J. HOEHNER, MD 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 236. DATE

236 NAME OF CEMETERY OR CREMATORY St. Joseph's

23d. LOCATION

St. Mary's Maryland

Morganza 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Mitchell-Wiedefeld Home 6500 York Road 21212

1-9-87

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1-	FOR STATE REGISTRAR			STATE OF MARYLAND NT OF HEALTH AND MEN CERTIFICATE OF DEA		SIENE 8 / O	1 4 8 2
DE	GEASED NAME F	FNV4	F.	PFEIFE	ER	24 DATE OF DEATH MONTH	27 87 340 PM
3. SE	Female	4 RACE	) hite	DATE OF BIRTH	YEAR 21	6 AGE (IN YEARS LAST BIRTHDAY)  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
	RTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF		MARRIED NEVER MAR	RIED T	BALTIMORE CITY OR COUNTY	Y OF DEATH  MD.
	Belto City	(IF MOT IN SUC	HEACILITY GIVE STREET ADD	and	ION	STEES HECKES	12b. KIND OF BUSINESS OR INDUSTRY
13a S	11() -	COUNTY	130. CITY OR TOWN	13d. INSIDE CATY YES NO		130.STREET ADDRESS ZIP CODE	od ld 21239
16a V	VAS DECEASED EVER IN (85, NO OR UNKNOWN)	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	16b SOCIAL SECURIT 219-12-53		VA	A226 Osbo	
	Conditions, if any, w gove rise to immed couse (a), stating	CAUSED BY:  MEDIATE CAUSE (o)  DUE TO, OF (b)  ione	R AS A CONSEQUENCE	PAC FAMURE	ISEMS E	έ	APPROXIMATE INTERVAL BETWEEN ONSET, AND DEATH
MEDICAL CERTIFICATION	21a ACCIDENT WAS UNDERLOR CONTRIBUTING CAU: (IF EITHER NOTIFY MEDICAL I 21d. INJURY OCCURRED	YING   21b. TIME O HOUR A.M. EXAMINER) 21c. PLACE (AT HOME, STR In notificial whended the	TION FOR WHICH OP	YEAR 211. HOW INJUR 19 211. LOCATION STREET  Ond that in (my) (ou  DEGREE  ATTE	Y OCCURR	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?  S NO PART I OR PART 2)  COUNTY  51ATE
23a E	SURIAL, CREMATION, REA	1 A. Chy	M 1230 NA	27 ME OF CEMETERY OR CREA	S.	Greene St Balt	6 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

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Cremation 1-31-87 24 FUNERAL DIRECTOR

231 NAME OF CEMETERY OR CREMATORY Westview Crematory

COUNTY

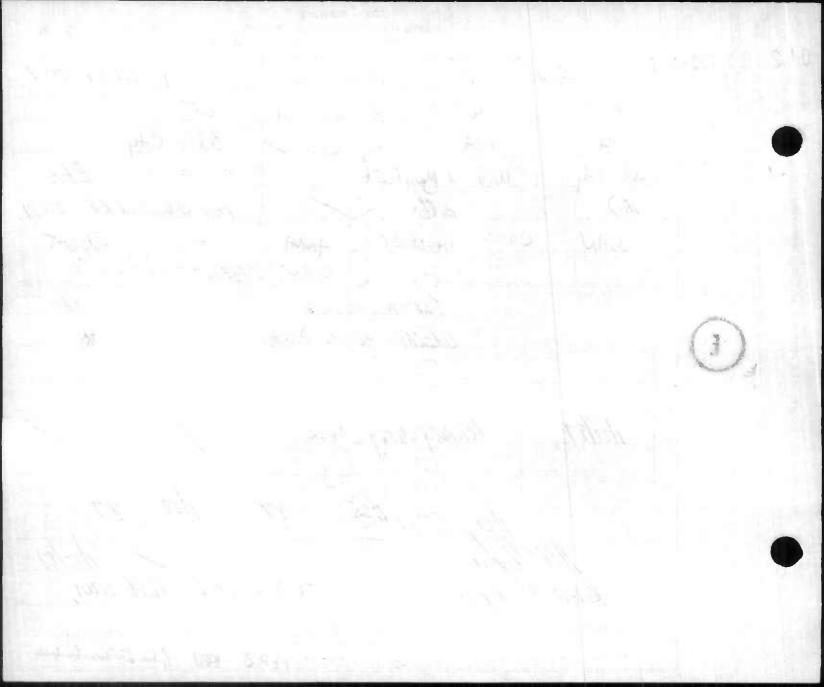
TOTY Baltimore Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

FFR 3 1987 July Division Reduces

1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

1987



(VRA 15, 4)

STATE	OF MARY	LAND
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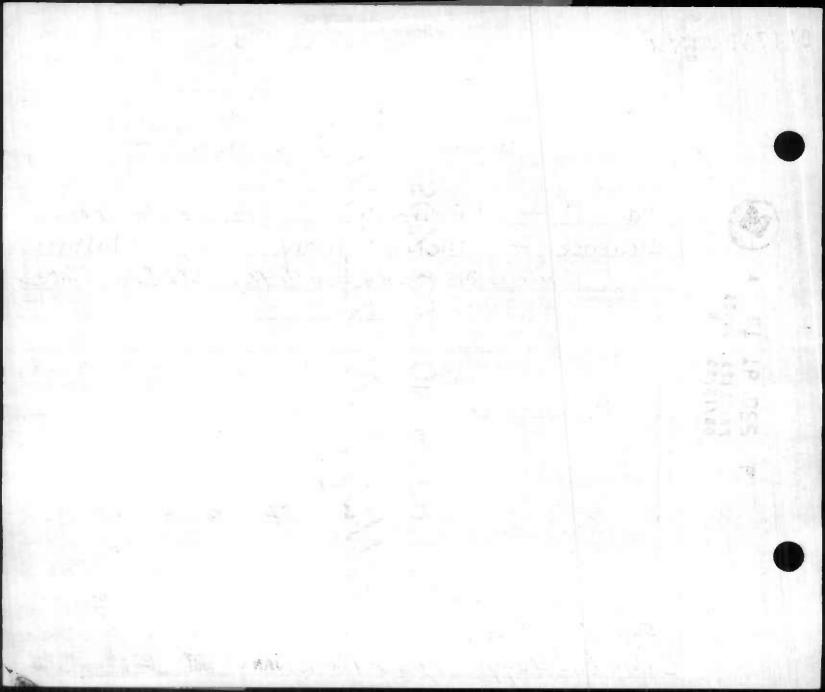
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9 E 4		CEASED NAME FIRST ORPRINT]  JAME		BIDDLE	DU	ELAN	20. DATE OF DEATH	MONTH DAY		P
noy be poge 3 er death	3. SE)		4. BACE		5. DATE OF				DER TYEAR	IF UNDER 24 HRS
1 9 9 7	Ма	le	White		Augus	8. 1921	AND MENTAL HYGIENE OF DEATH  REG. NO    20. DATE OF DEATH MONTH DAY YEAR 26 HOUR  DAY HOURS D			
S 45 8	- 0	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF W	HAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
8	10. CI	11 River, MA TY OR TOWN OF DEATH LTIMORE	(IF NOT IN SUCH	FACILITY, GIVE STREET A	ADDRESS	OTHER INSTITUTION HOSPITAL	(TYPE OF WORK FOR MOST	OF WORKING LIFE) IN	DUSTRY	BUSINESS OR
filled in hould be	13a S		r other institution, on the state of the sta	Reston	И	YES NO XX	2416 Albo		9	9999
ed within	A FA	THER'S NAME FIRST  John	MIDDLE	Phelan	- 1	FIRST	MIDDLE			d
ond co		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV S 1943-	MED FORCES? VE WAR OR DATES) -1975	018-14-6		Ruth Phelan,				
equires that the death kint in signed by the attending in Then please remove carbons in your or other troumatic even	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b) DUE TO, OR	AS A CONSEQUE  AS A CONSEQUE  NTRIBUTING TO D	NCE OF AN	MOTROPHIC L	MAYSI'S  ATEMAL S  NAL DISEASE OR COF	CLEPUSIS ADITION GIVEN IN	lyean 110	73 17645 1 3mos
In the low recion.  The low recion.  The hos been as the permit. If given eprior shows only if	CERTIFICATION	19a DATE OF OPERATION		and the	OPERATION	WAS PERFORMED	YES NO	IN CERTIFYING	CAUSES	OF DEATH?
NDING PHYSICIAN: The office of the certificate use os the buriol-transit feelth and Mental Hygins is marked or Item 18 should be used.	MEDICALCE	71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AUGUST AUGUST HOSP	21e PLACE O (AT HOME, STREE	A. MONTH DA A. DF INJURY ET, FACTORY, OFFICE, FA	ARM, ETC.)	216. LOCATION STREET	CITY OR T	0wn (	97. th	not (I) (we) last
HOSPITAL OR ATTE		sow the deceosed all war or obove, (I) (we) (did) and the 22b SIGNATURE  22d PHYSICIAN AME TO SEE THE CONTROL OF T	mollar C7LASS	ofter death P	-	EGREE ATTENDING	MEDICAL STA	AFF V	from the co	Duses stoted
79 BP	Re	urial, cremation, removal specify) moval, Burial	1/15/8			METERY OR CREMATORY On National	CITY OR TOWN	Arl	ingtor	, VA
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	NERAL DIRECTOR NAME Rerkley Green	Groon F	ADDRESS	lomo I		UAN 1 6 19	B7 Sulla	SSIGNATU	RE Randaes

J. Berkley Green, Green Funeral Home, Herndon

(MA)		FOR	DED A DT	STATE OF MARYLAND WENT OF HEALTH AND MENTAL HY	CIFAIR	. 3
dry.	7		DEPART	CERTIFICATE OF DEATH	B 7 REG. NO.	1 -, 0 14
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH D	DAY YEAR 26 HOUR
1	9	JAMES	0.	PHILLIPS	JANUARY 19,	1987 2:55P M
	ESE:		4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
2	30	MALE	NEGROID	MONTH DAY YEAR	36 YRS.	NONTHS DAYS HOURS MIN.
2		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	
33	1	LTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HO		178 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE	17b. KIND OF BUSINESS OR INDUSTRY
37	05U/ 13a S	AL RESIDENCE (IF NURSING HOME OR STATE 12 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)  134 INSIDE CITY LIMITS?  YES NO	136.STREET ADDRESS / ZIP CODE	21217 11) Plano
170	14. FA	THER'S NAME	MIDDIF CASI	15 MOTHER'S MAIDEN NA		01 40
N.	1	larence	- Mck	or Mary	-	Phillips
Z			MED FORCES? 16b SOCIAL SECURE WAR OR DATES! 245-88	17 INFORMANT -4469 EVA MC	Koy 1202 Eur	taw Place
	1	18 CAUSE OF DEATH (Enter on	by ane capse per line for (a), (b), and D BY:	d(c).) A - 2 +		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIAT	TE CAUSE (a) CESPIKA	tery Amest		Zinin.
			DUE TO, OR AS A CONSEQUE			21.
31	50	Canditians, if any, which gave rise to immediate	( b) Melmori			Sdays,
		cause Ia1, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		g Vins. (Retrovin	En) 8 months
	NOI	M. 1.	enditions contributing to	DEATH BUT NOT RELATED TO THE TERM	MAL DISEASE OR CONDITION GIVE	EN IN PART 11a
1	THECAT	90 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
q	AL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
P	MEDIC	21d. INJURY OCCURRED  NOT WHILE AT WORK	21e. PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE, F	211. LOCATION	CITY OR TOWN	COUNTY STATE
		220.1 certify that (1) (this haspi	tal) attended the deceased fram  19  1) view the bady after death.	, and that in (My) Yaur) apinian	ta Jane 19, 1 death accurred an the date and haur	9 87, the (we) last and from the causes stated
		22b. SIGNATURE	(t) view the bady after death.	DEGREE	MEDICAL STAFF	27c. DATE SIGNED
		1 gens	nelly	PHYSICIAN [	DIRECTOR PHYSICIAN	11987
		22d. PHYSICIAN'S NAME TYPE O	O TCHUDE	172e ADDRESS	· Gulfo St Balta	ie 140 21705
	- 3	BURIAL, CREMATION, REMOVAL	13b. DATE 13c. N	NAME OF CEMETERY OR CREMATORY	1 23d. LOCATION  OWN TOWN   ills mod,	
/84	0	alun B. Sc	ruggs ADDJESS/	Z & Paston A	TE REC'D. BY REGISTRAR 25b. REGISTR	VAR'S SIGNATURE

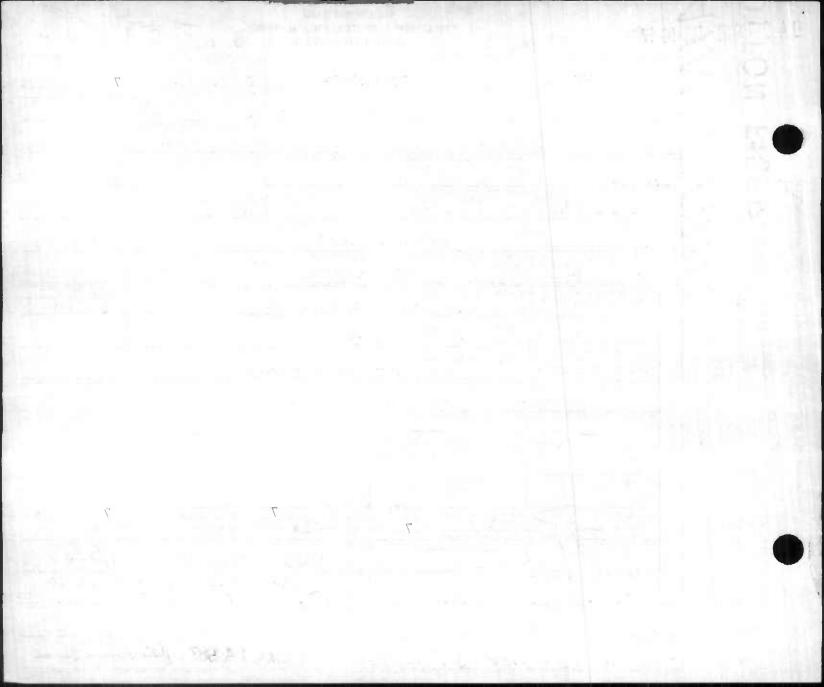
DHMH - 16 60M 7/84 (VRA 15, 4)



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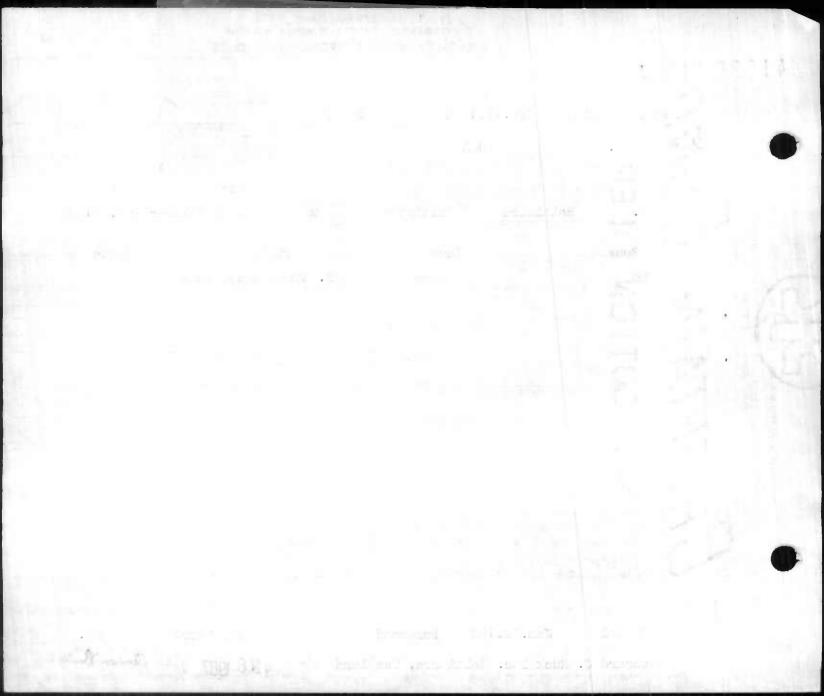
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	1			STAT	E OF MARYLAND		
92 JA	16	TATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. NO	01-85
		CEASED NAME FIRST	WIDDIE		AST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
0.00		FRANK		PIAS	KOWSKI	JANUARY	
14	1.5E		4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MI
in a section		Male.	W	Feb		60	YRS.
1 be	n. Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
11 12	100	MC. TY OR TOWN OF DEATH	IISA 11. NAME OF HOSPITAL NURSI	WIDOWI		Baltimore	
11 35			LIF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)	NOTIER INSTRUCTION		OF WORKING LIFE) INDUSTRY
1 3	USU	LIMOTE AL RESIDENCE (IF NURSING HOME OR	Chruch Hospi	RE ADMISSION)			Bal. Water
R		TATE 134 COUN	150 Non		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS . 2019 Ormon	/ / / /
1		Baltimore Md.	Dunda I	<u> </u>	15 MOTHER'S MAIDEN NAM	ME	ia ika.
10B	0	Alexander	Piask	owski	Bertha	WIDDLE	Grecco
10 -	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SEC	URITY NO.	17 INFORMANT Pias	Kowski ADDRE	
10			WW II 216-16	-3991	Catherine	2019 Or	mond Rd.
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i de la	z		CONDITIONS CONTRIBUTING TO				DITION GIVEN IN PART TIO
796-	ATR	CHRONIC	OBSTRUCTIVE			200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
	7 1			_		YES NO	IN CERTIFYING CAUSES OF DEATH?
B she	CERTIFICATION	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR		
1119		OR CONTRIBUTING CAUSE OF DEA		AY YEAR			
S Men	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	CITY OR TO	IWN COUNTY STATE
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2 0 0	5	sow the deceased olive on	JANUARY 8 19_	<u>871</u> . •	nd that in (my)(our) apinion of	deoth occurred on the de	ote and hour and from the couses stated
P P		27h SIGNATURE	1		DEGREE	ALEDICAL STA	221. DATE SIGNED
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1 K 5 6		274 PHYSICIAN'S NAME (116)	e Ferrit		27e ADDRESS CHUR	CH HOSPIT	AL CORPORATION
APORTAN		A. J. SWE	ATMAN, M.D.			ODDWAY, E	BALTIMORE, MD. 2
613		BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
	F	Burial	1-12-87 0	aklaw	Cemetery	Balti.	City Md.
6 60M 7/B4	24 E	INERAL DIRECTOR	ADDRESS .	/	250. DAT	N. 14:1987	256 REGISTRAR'S SIGNATURE
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#18a, & 22a., G-624, 2,4/87 STATE OF MARYLAND



042553 FEB -3

REGISTRAR 1 DECEASED NAME

female

70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md

TYPE OR PRINT)

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MPORTANT: If them 21 is marked or

(VRA 15, 4)

Annie

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76 CITIZEN OF WHAT COUNTR

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TA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	S I REG. NO.	1	dan j	8	1
	Pierce	20. DATE OF DEATH MONTH	24 19	YEAR 987	2b HO	JR
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Baltimore city

MD.

Baltimore		HOSPITAL, NURSING HOMI CHEACUITY, GIVE STREET ADDRESS) Maderia Str		TYPE BY WORK FOR MOST DELY ORKING LIFE	126 KIND OF BUSINESS INDUSTRY
STATE Md	RSING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSIO 134. CITY OR TOWN Baltimore	N) 138. INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS & FIRE LEGOE	Street 2120
14. FATHER'S NAME FIRST Silas	WIDDLE	Norris	15. MOTHER'S MAIDEN NA Hattie	AME MIDDLE	Crockett
(YES, NO DECEASED EVE	R IN U.S. ARMED FORCES?	218 05-6955	Martha Hopewe	ADDRESS ell 525 W. Lafa;	yette Avenie

DIVORCED

WIDOWED

PART I. DE ATH WAS CAUSE	nly one cause per line for (a), (b), and (c),) ED BY: TE CAUSE (a) RESPIRATORY Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  15 in in tec
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b) Metastatic colon cancer  Due TO, OR AS A CONSEQUENCE OF	1,5 yrs

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES NO	YES	NO [	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2		
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE	

220.1 certify that (1) (this hospital) attended the deced saw the deceosed alive on JAN untry 16 above, (I) (we) (did) (I) and view the bady after death , and that in (n) (aur) opinian deoth accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22e. ADDRESS

Johns DuBois

230 NAME OF CEMETERY OF CREMATORY Eastview Cemetery 230 BURIAL, CREMATION, REMOVAL Baltimore (SPECIFY) Burial

24 FUNERAL DIRECTOR Wm. CM March F/H

DHMH - 16 60M 7/84

1101 E. North Avenue



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		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONT	
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5 5 5 6	1	Baltimore	5721 Edgepa	rk Road	Homemaker &	Work-Tailonin
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o o o o		Ernest	E. Fleisc		Mary	Taylor
100	16a \	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEG	CURITY NO. 17 INFORMANT BOL	timore, ADDRESS	Md 21239
ed og ex	1	YES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 214-20	CURITY NO. 17 INFORMANT Bal 0-6612Mr. Richa	rd Pitz-5723	Edgepark Rd.
1 N. 1	-	18 CALISE OF DEATH (Enter or	nly one couse per line for (a) <sub>g</sub> (b),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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his his d M	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
otte otte s th rked	5	WHILE NOT WHILE AT WORK	The state of the s			
A A A A A A A A A A A A A A A A A A A		220.1 certify that (I) (this hosp	ital) extended the deceased from	June 19 d	6 to Januar	19.87 , that (I) (we) lost
TOR TOR			ot) view Me body over death.	G-1 ()	on death occurred on the date of	nd hour and from the causes stated
REC REC		22b. SIGNATURE	or) view the body other death.	DEGREE		22c. DATE SIGNED
the the the		mul	Vuo I	ATTENDING PHYSICIAN		1/21/57
BERA Stot	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	DIRECTOR PHYSICIAN	1/2/10/
The the			CARMODY, M.	mm - 1 - 1	UERSITY PK	w4
TO HOSPITA TO FUNERA should be di with the Sto	-				- Invitage view	1.
		BURIAL, CREMATION, REMOVAL	la la c	NAME OF CEMETERY OR CREMATOR	CITY OF TOWA	Z UNIV STATE
BP		Burial	1/24/87	Moreland Memori	al Park- Bal	County, Md.
DUANU 14 5044 4/93	24 F	JNERAL DIRECTOR John	A. Moran, In	c. Funeral Homs	ATE REC'D. BY REGISTRAR 256 P	REGISTRATURE

JAN28

Baltimore St.-Balto., Md. 21224.

DHMH - 16 50M 4/83 (VRA 15, 4)

11:10 The contract of the second imbridge, Mt. Allen attacher TE (175 X STREET SENT SHARE IN A STREET 15. P. 15. C. Taylor Page 17. C. Taylor 21.209 T. 21.209 tount, wet.

ettor, page 3 rs offer death		I SE	CEASED NAME FIRST ANOK	LEW A RACE White	S. S. C	PLACEK  DATE OF BIRTH  MONTH DAY YEAR  2 15	20. DATE OF DEATH  O JONE  6. AGE INYEARS LAST BIR	MONTH DAY	POT &	HOU ; /
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The state of the s	化	Ba	TY OR TOWN OF DEATH  1timore	Good	Samaritan		120 USUAL OCCUPATION OF WORK FOR MOST OF Laborer	OF WORKING LIFE)	26 KIND OF BUS NDUSTRY Steel M	
Hilbert in Sould be	RS	13a N	aryland Balt	intore	I GIVE RESIDENCE BEFORE ADMI	YES NOTE CITY LIMITS?	13e.STREET_ADDRESS / Pelcza	ZIP CODE	21221	
10	30	14. FA	THER'S NAME FIRST Andrew	S. Pla	acek, Sr.	15. MOTHER'S MAIDEN NA	Unknown		LAST	
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TO FUNERAL DIRECTOR. After this certificate has been signed by the about be detached for use in the bumblitonist permit. Then please recent the State Dispt. of Health and Mental Hygiens prior to build, crem	DRTANI, 8 Ben 21 s marked at Ben 18 stacks ony styry, or othe	AL CERTIFIC	Cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (RETHER NOTHY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. Certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did) of 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE	CONDITIONS C  19b. CONE  19b. CONE  21b. TIME ( HOUR A HOUR A P  21e. PLACE (AT HOME S' (AT HOME S')  10 pital) attended t  11 pital) attended t  12 pital) attended t  13 pital) attended t  14 pital) attended t  15 pital) attended t	ONTRIBUTING TO DEATH ONTRIBUTING TO DEATH OF INJURY OF INJURY OF INJURY TREET, FACTORY, OFFICE, FARM, E he deceased Iram	H BUT NOT RELATED TO THE TERM RATION WAS PERFORMED  21c HOW INJURY OCCUP YEAR 19 21l. LOCATION STREET  19 21d. LOCATION STREET  DEGREE  ATTENDING	200 AUTOPSY?  YES NO CHIP NATURE OF INJU  CITY OR TO  death accurred an the death accurred and the death accurred accurred and the death accurred accurred and the death accurred accur	20b. IF YES, WE IN CERTIFYING YES TO THE TRANSPORT OF THE TRANSPORT	ERE FINDINGS L G CAUSES OF D NO OR PART 7)  COUNTY , that (	STA

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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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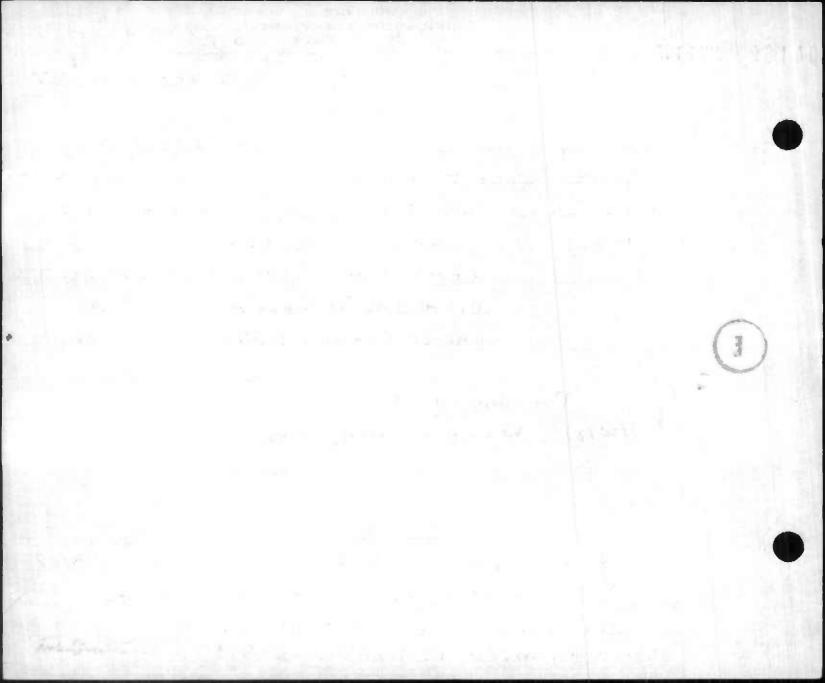
24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE OF DEATH 26 HOUR (TYPE OR PRINT) & AGE (IN YEARS LAST BIRTHDAY) YRS 9 BALTIMORE CITY OR COUNTY OF DEATH 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethleham Stee! 2824 A Rose Avenue 1.A51 Joseph J. Bartos, Sr. 2824 A Rose Ave. 21227 APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY and that in (my) (our) opinion deoth occurred an the date and hour and fram the causes stated PHYSICIAN L 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 1/23/87 Loudon Park Cemetery Baltimore Burial Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



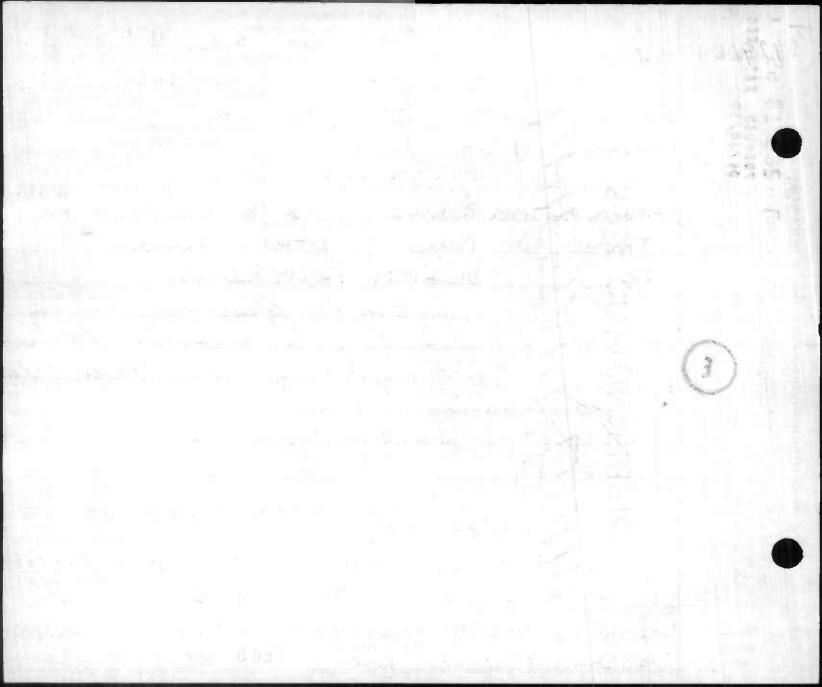
#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20. DATE OF DEATH MONTH 26 HOUR P DECEASED NAME (TYPE OR PRINT) JANUARY 30, 1987 KATHLEEN D. POEHLER 11:15 ~ 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS 3. SEX 4. RACE MONTH DAY YEAR TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY JOHNS HOPKINS BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 132. CITY OR TOWN 21234 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 3000 CAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., KORELL he death certif IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gave rise to immediate cause (a), stating DR. underlying couse DEATHOUT NOT REPATED TO THE FERMINAL DISEASE OF CONDITION SIVEN IN PART TIO CERTIFICATION -MED 90 DATE TRE CONDITION FOR WHICH OPERATION WAS PERFORMED 78e AUTOPSYY 20k IF YES, WERE FINIDINGS USED IN CERTIFYING CAUSES OF DEATHS YES: HOUR AM MONTH DAY OR CONTRIBUTING [ ] CAUSE OF DEATH MEDICAL OF EITHER, NOT BY MEDICAL ERAMINER. PM 21d INJURY OCCURRED 21s PLACE OF INJURY TH LOCATION CITY OR YOWN COLINTY EATHOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHAT I NOT WHAT 22a.1 certify that (1) (this hospital) attended the deceased fram sow the deceased alive an above, (1) (we) (did) (did nat) view the bady after death. and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22st PHYSICIAN'S NAME 22e ADDRESS 3ALTIMORKE d b ONGER NWOLFE 000 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN

ADDRESS 8800 HARFORD

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE FEB 3 1987

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

BP



	DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYC	SIENE 8 7	0	1 4	9	2
FIRST	MIDDLE	L	12.4	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HC	DUR
ID	Pol	IKO	FF	(	01-0	6-87	/	1PM
E 4 F	HITE	5. DATE O		6. AGE INYEARS LAST BI		IF UNDER 1 YEAR	HOURS	DER 24 HRS S MIN.
он. <sub>С</sub> в. 7b.	CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Baltimore City	OR COUNTY	OF DEATH		MD.
tx	NAME OF HOSPITAL, NURSING	DDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPAT (1YPPOF WORK OR MOST CMEROHA)	OF WORKING LIE	12b. KIND ( INDUSTRY  OWR		
E OR OTH	er institution give residence before a Hae: CITY OR TOWN Ba (+C		134 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	ZIP CODE	Lane		#21215
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(Enter anly a AS CAUSED B IMMEDIATE C	3 110 / /		(A OF BL	ADDER		BETWEEN	I ONSET AL	ND DEATH
which dediate g the	(b)							
IIFICANT CON	(c)	ATH BUT	NOT RELATED TO THE TERM	NNAL DISEASE OR COM	NDITION GIV	EN IN PART 1	ra	
TION	196 CONDITION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FIND YING CAUSE		ATH?
CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	URY IN ITEM 18 P	ART I OR PART 2)		
ED	21e. PLACE OF INJURY		21f LOCATION	CITY OR T	OWN	COUNTY		STATE

19a. DATE OF OPERATION 196 CO 21b. TIM

21a. ACCIDENT WAS UNDERLYING HOUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

ALE.

CITATE OF FOREIGN

STATE THE STATE OF THE STATE OF STATE

18. CAUSE OF DEATH (Enter anly one cause PART I. DEATH WAS CAUSED BY

PART 2 OTHER SIGNIFICANT CONDITIONS

NKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCE

> Canditions, if any, which gave rise to immediate cause (a), stating

> underlying cause last.

21e. PLA (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

STAFF

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

saw the deceased alive an Ol-Ob abave, (1) (we) (did) (did nat) view the bady after death. 226. SIGNATURE

220.1 certify that (1) (this haspital) attended the deceased from

ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

NOT WHILE

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL BURIAL

8,1987

23c NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION BALTIMORE

MARYLAND

24 FUNERAL DIRECTOR

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

BIRTHPLACE

14 FATHER'S NAME

NO

CERTIFICATION

MEDICAL

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MPORTANT

(YES, NO OR UNKNOWN)

CITY OR TOWN OF DEATH

SEX

INC. 21215

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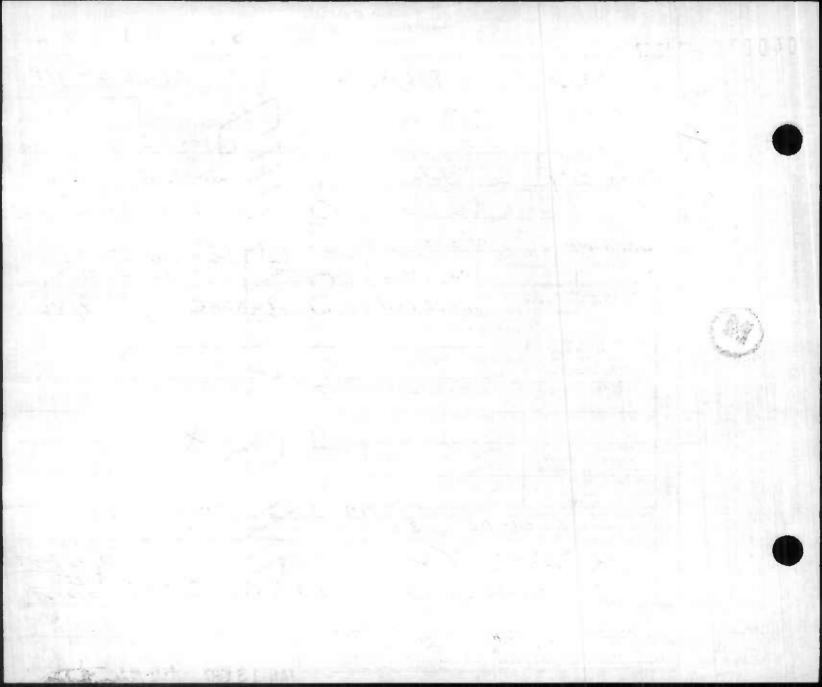
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

6010 REISTERSTOWN RD. BALTO MD

JAN.

DHMH - 16 60M 7/84 (VRA 15, 4)

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CERTIFICATION

MEDICAL

JAH REGSEAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 7 0	4 9 3
I. DECEASED NAME FIRST P	ETER J.		LONESI	JANUARY 24,198	20 1100K
3. SEX Male	4. RACE	5 DATE C	DAY YEAR		UNDER LYEAR IF UNDER 24 HRS. NTHS DATS HOURS MIN.
Le BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Md.	US.A.	MARRIE	DXX NEVER MARRIED DO DIVORCED D	Baltimore City OR COUNTY O	F DEATH MD.
Balto.	Church	PITAL, NURSING HOME C :ILITY, GIVE STREET ADORESS)  HOSD.  RESIDENCE BEFORE ADMISSIONI	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY  Retired
Md. Ba	DUNTY 13c	CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO 🙀	13e.STREET ADDRESS / ZIP CODE 2303 Weathervane	Rd. 21234
John 160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166	Olonesi Social Security No.	15. MOTHER'S MAIDEN NA FIRST Carmella 17. INFORMANT	MIDDLE ADDRESS	Mirche
	GOVE WAR OR DATES)	17-09-8867	Mary K. Polo	nesi 2303 Weathery	
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMMED	only one couse per line USED BY: DIATE CAUSE (0)	CARDIORESP	IRATORY ARI	REST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which	(b)	ACONSEQUENCE OF PNEUMONIA			13,31-6
gove rise to immediate couse (a), stating the underlying couse lost	1	A CONSEQUENCE OF HYDRATION,	ALZHEIMEI	R'S DISEASE	

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION	1%. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FIND IN CERTIFYING CAUSI YES T	
210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUP	Tank Land		
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AI WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE

January sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c DATE SIGNED

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 27e ADDRESS CHURCH HOSPITAL CORP

EE 21231 100 N. Broadway Balto. Md

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Balto. COUNTY 1-28-87 Parkwood Cem. Burial

24 FUNERAL DIRECTOR

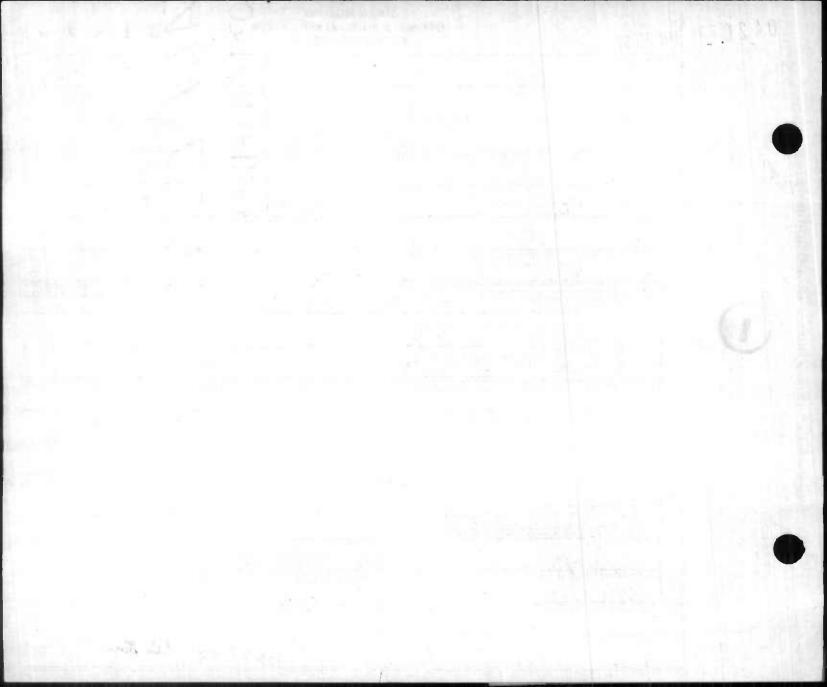
John C. Miller Inc. 6415 Belair Rd. 21206

250. DATE REC'D. BY REGISTRAR 256 REGISTRAD SEIGNATURE IAN 28 1987

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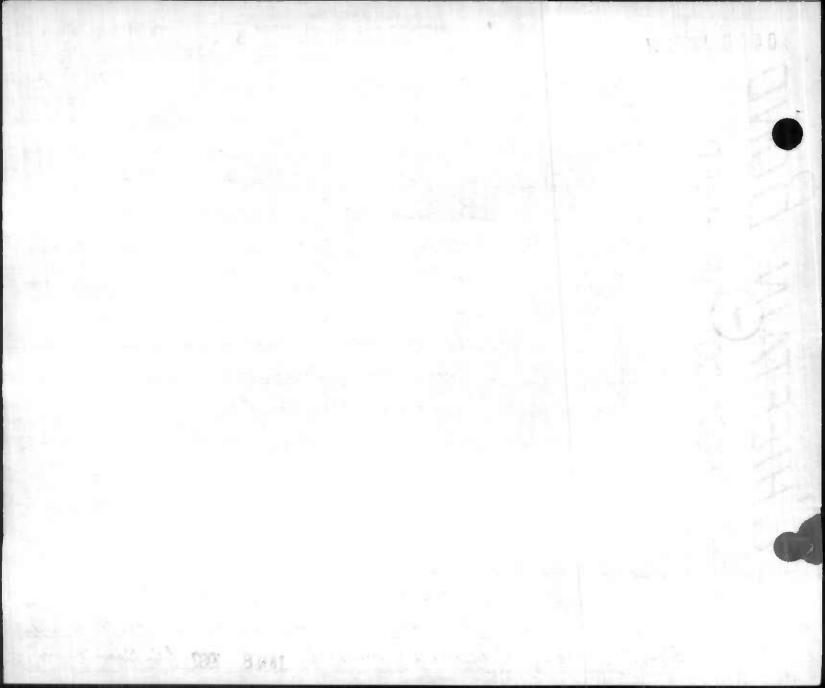
DHMH - 16 60M 7/84 (VRA 15, 4)

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1488 JAN	1/2	FOR STATE BEGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7	0 1 4 9 4
. 4 may be tor, page 3 after death		CEASED NAME EIRST POLICE INC.	A RACE	S. DATE OF BIRTH	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR.  THOAY) IF UNDER 1 YEAR IE UNDER 24 MRS.  MONTHS DAYS HOURS MIN.
funeral directs of thin 72 haves of doonce.		RTHPLACE (STATE OR FOREIGN COUNTRY)		MARRIED NEVER MARRIED WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI	
or falled in by the	73a.	AL HESIDENCE (IF NURS III) OMI DR	3 145 17	RE ADMISSION)		16 WEER
Proper Company	16a \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 216-01	3 BERT	ADDRE ADDRE	
are that the death earthfairtheappared by the orthogonal physical principle of removal commences buriol. Commences or removal by, or other frounds over the commences.		Canditians, if any, which gave rise to immediate cause (a), stafing the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	JENGE OF Anterior M.	yourdials Lolus MyNAL DISEASE OR CON	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	tong, 1/8 Cole HOPERATION WAS PERFORMED	200 AUTOPSY? YES NO	706 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
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the haspinol or to DRECTOR As reached to vise to Dept. of Health			tal) attended the deceased from t) view the bady after death.	DEGREE ATTENDING	MEDICAL STAF	19 that (I) (we) last the and have and from the causes stated
TO HOSPIC retained by TO Fundle be should be di with the Sto		SURIAL, CREMATION REMOVAL	ingate 900	Me ADDRESS  1991  NAME OF CEMETERY OR CREMATORY  ON EV. LUTH, CHURCH	Hisp Ba	14mo STATE TO
BP DHMH - 16 60M 7/84	24 E	BUKIAL INERAL DIRECTOR	1 0 C m E - ADDRESS	125g DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
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	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death condicate be executed within 24 hours attended by the hospitol or ottending physicion.

35 JAN	4 B	FOR STATE REGISTRAR			DEPARTI	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYD FICATE OF DEATH	GIENE 8 7	0	l day	9 5
m.e		CEASED NAME OR PRINT)	FIRST		MIDDLE	men	LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
page 3			Choma	S	F.	Po	tter Sr.		/	11 81	1245 AM
s after o	3. SE	Male		4 RACE	White	5. DATE O	n. 8, 1911	6 AGE (IN YEARS LAST BII	YRS.	MONIHS DAYS	HOURS MIN.
The state of	76. BII	RTHPLACE (STATE OR F COUNTRY) Conn.	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOW	DE NEVER MARRIED DIVORCED	Baltimore city of Baltimor	_		AAD
2 9	10. CI	TY OR TOWN OF DEA	ATH			G HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126. KIND (	OF BUSINESS OR
44		Baltimore		Unio	n Memoria	al Ho	sp <b>it</b> al	Balt. City	Fire	Dept.	Chief
35	13a S	AL RESIDENCE (IF NURS TATE Maryland	13b COU		13c. CITY OR TOW Baltimo	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 4029 Echo			21206
2	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA			LA.	SI
SEDO		John		A.	Potte	r	Catheri	ne		Win	iters
0 0		VAS DECEASED EVER		RMED FORCES?	166 SOCIAL SECL	IRITY NO.	17. INFORMANT	ADDR	ESS		
Bo De	,	NO NO OR UNKNOWN)	(IF YES, GI	IVE WAR OR DATES)	220-46-	6306	Myrtle E. P	otter 4029	Echo	dale Av	re. 21206
1		18 CAUSE OF DEAT	H (Enter o	inly one couse per	line for (a), (b), on	d ICIT				APPROX BETWEEN	KIMATE INTERVAL LONSET AND DEATH
0 0		PART I. DEATH W	AS CAUSI	ED BY: ATE CAUSE (0)	ANOXI	-	VCEPHALOR	PATHY		10	0
			IMMEDIA		A						,
		Conditions, if any,	which	DUE 10, O	CARD		ARREST			10	PAYS
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offe offe		underlying couse		DUE TO, O	RAS A CONSEQUE		DIALIN	E-ANCELO	(1)	10	OAUJ
0.0		PART 2 OTHER SIGN	VIEICANT	CONDITIONS CO			NOT RELATED TO THE TERM				2119
100	Z N	REA					EKROVAJC			DENT	0
Dermit on prior	CERTIFICATION	19a DATE OF OPERA					ON WAS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDI	S OF DEATH?
Hygie 18 sho	ERT	21g. ACCIDENT WAS UNE	DERLYING T	7 21b. TIME O	F IN ILIRY		21r HOW INJURY OCCUR	YES NO P		ES D	NO 🗌
entol Hygien 18 sh		OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH D			I Elaita anough on any			
Aentol Aentol	MEDICAL	(IF EITHER, NOTIFY MEDIC		P. 21e PLACE	M.	19	211 LOCATION				
ond M ked or	MEL	WHILE NOT WHAT WORK			REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	)WN	COUNTY	STATE
morked		22s.   certify that (1)		ottel) ottended th	e deceased from	O.E.C.	25 19 86	- 10 JAN	11	19 87	that (I) (##) lost
F He		sow the decease	ed olive or	1 JAN	10 19	87.0	nd that in (my) (our) opinion		lote and hou		
2 c c	1	obove, (1) (Avent (c)	did) (Molan	st view the body	ofter death		DEGREE			_	SIGNED
te Deg		THE SIGNATURE	an a	eh Ja	hn U	occi		MEDICAL STA	FF CIAN IQ		11,1987
AN		22d. PHYSICIAN'S NA	AME (TYPE	OR PRINT)			22e ADDRESS			0	
should be deto with the State I			IAR		17N 00c		zol E.UNI		PKN	y, BAL	ro, MO.
		URIAL, CREMATION,					CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Buri	aT.	Jan 12	4 1987 D	ulane	y Valley Mem.		ville		Maryland
	24 FL	INERAL DIRECTOR					25a. DA1	E REC'D. BY REGISTRAR	236 REGIST	TRAR'S SIGNA	TURE

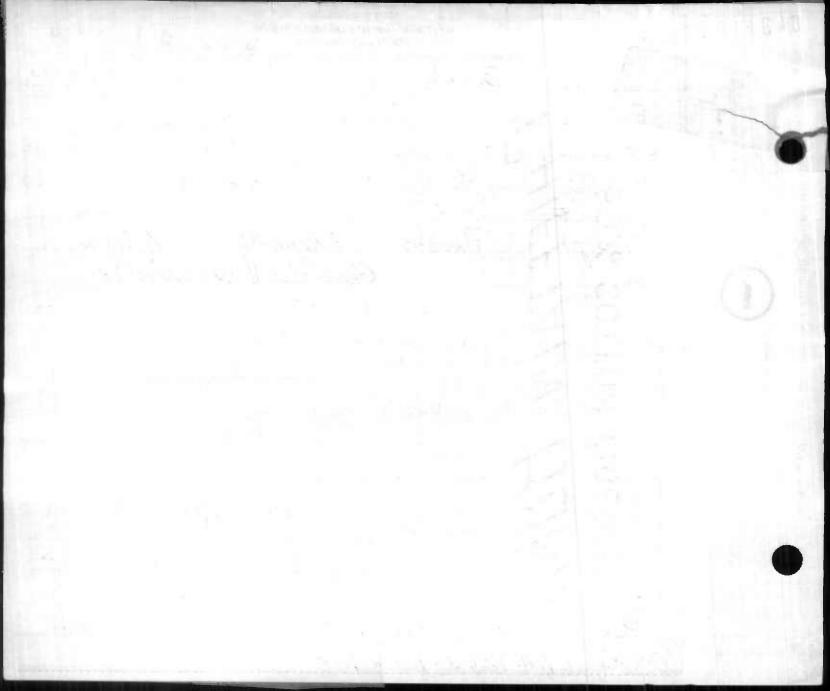
Baltimore, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck, Inc.

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DHMH - 16 60M 7/84 (VRA 15, 4)



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DTMEN	101	HE	ALT	r M	AND	MENTA	LHY

LAST

5. DATE OF BIRTH MONTH

POWERL

		PIAIL	UT M	ARTL	.ANU	
PART	MENT	OF H	EALTH	AND	MENTAL	HYGIENE
	CE	RTIF	CATE	OF	DEATH	

Н	S PREG. NO.	- 1	6-1	9	7
12	26. DATE OF DEATH MONTH	DAY	YEAR	2b HOL	BU
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	P M
EAR	G8 YRS	MONTHS	DAYS	HOURS	MIN.
ED 🗆	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		

	1
O. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?
COUNTRY) 1 / A	

136 COUNTY

BAUTIMONIE

MIDDLE

CHERRY

MARRIED | NEVER MARR WIDOWED DIVORCED

YES X

KALTIMUNG (TYPE OF WORK FOR MOST OF WORKING LIFE)

HUMENAKEN

12h KIND OF BUSINESS OR

10. CITY OR TOWN OF DEATH BALDMUNG

C (SUNGE

REGISTRAR

DECEASED NAME TTYPE OR PRINTS

3. SEX

MOSPITAL UNIVENSIM

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

NOF

13e.STREET ADDRESS / ZIP CODE 3505 WOODLAMS

INDUSTRY

MO 14 FATHER'S NAME FIRST

130 STATE

IFICATION

MEDICAL

runnis

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DI

N

EVA 17 INFORMANT

MIDDLE NMI

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (YES. NO OR UNKNOWN)

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

SOCIAL SECURITY NO

BAINMING

Ann (55 T

15. MOTHER'S MAIDEN NAME

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic-PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDIDANMONAMY

DUE TO, OR AS A CONSEQUENCE OF

SEPSIS

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I a

190 DATE OF OPERATION

Canditians, if any, which gove rise to immediate cause (a), stating the

underlying cause lost.

RUNAL 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

DISISASU

20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? NO

IN CERTIFYING CAUSES OF DEATH? YES []

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

WHILE NOT WHILE

226 SIGNATURE

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

21e PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21f. LOCATION CITY OF TOWN

COUNTY STATE

220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased olive on above, (I)(wa) (did) (did not) view the body ofter death.

KUSTER

23b. DATE

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT)

2) 5. 6758MG

ST. BATMUMS

and that in (my Court opinion death occurred on the date and hour and from the causes stated

MPORTANT

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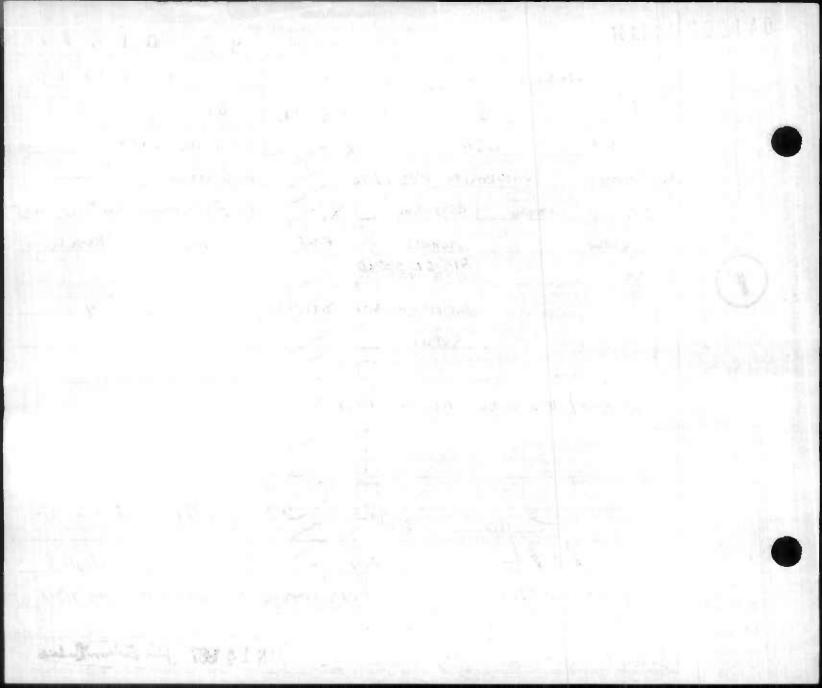
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DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, DUNIA 24 FUNERAL DIRECTOR

23d. LOCATION

STATE COUNTY



ond completely filled in by the funeral director page 3 ages 1 and 2. In the filed within 72 hours offer death

STATE OF MARYLAND

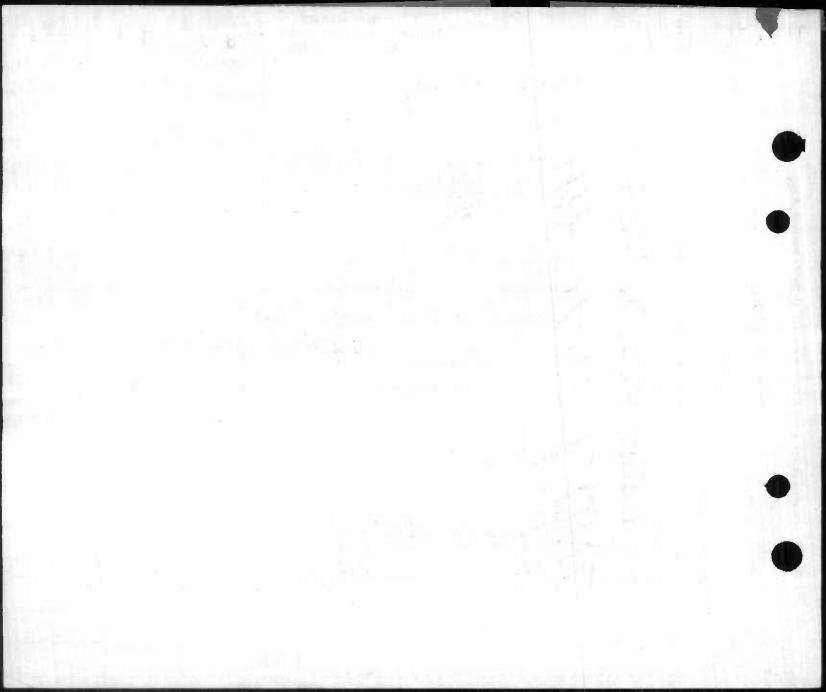
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTI	FICATE OF DEATH	REG. N	10.	-1 ,	
	CEASED NAME	FIRST	MIDDLE		LAST			YEAR 8 726. HOUR	
(III)	ORPRINII	FAYETTA	. М	ANN	POWELL		1 158	7 9:10	PM
3. SE	Х	4 F	RACE	S. DATE	OFBIRTH DAY 24 YEAL 9	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER	DAYS HOURS MI	RS.
	Female	-	White	MON	24 19	67	YRS	DAYS HOURS M	Ν.
70. B	RTHPLACE (STATE	OR FOREIGN 7b.	CITIZEN OF WHA	COUNTRY? B	ED NEVER MARRIED	9 BALTIMORE CITY		тн	
	Ohio		U.S.A	. , WIDOW	ED DIVORCED	Battemore	City		MD.
J.0. C	Rattimore	C+. 111		ITAL, NURSING HOME LITY GIVE STREET ADDRESS)	or other institution	120 USUAL OCCUPAT (Type of work for MOST of Dietician	OF WORKING LIFE) INDU	IND OF BUSINESS ( ISTRY Ospital	OR
USU 13a.	AL RESIDENCE (# N STAJE , Mary land	Balti	more Ra	ESIDENCE BEFORE ADMISSION CITY OR TOWN ndalls town	134 INSIDE CITY LIMITS?	13. STREET ADDRESS . 3801 Sch	2.1	1133	02
187FA	THER'S NAME	MIDO	DLF	LAST	15 MOTHER'S MAIDEN NA	AME	ing	- 4	
	Mari			Mann ~	Lydia		5	Schlege!	
	VAS DECEASED EV			SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS	mont Ave	
	No		2	11-14-2139	Mary Ann Fi	sher Ca	tonsville,	MD.21228	3
	18 CAUSE OF DE	ATH (Enter only of WAS CAUSED B	ne cause per line f	or to 1, (b), and to:	1	1-	ae)	APPROXIMATE INTERVAL TWEEN ONSET AND DEAT	Н
	PARTI. DEAT	IMMEDIATE C		ardiopum	mary An	BUT			
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	cause (a), sto underlying ca		DUE TO, OR AS	a consequence of	0 1				
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Z	TAKT Z OTHER S	IOINI CAINI COI	OHONS CONTR	BOT ING TO DEATH BO	THOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PA	IKI 110	
CERTIFICATION	190 DATE OF OPE	RATION	196. CONDITION	FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE F		
TIF						YES NOW	IN CERTIFYING CA	NO [	
1	21a. ACCIDENT WAS		216. TIME OF INJ		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PA	ART 2)	
CAL	(IF EITHER, NOTIFY M	und .	P.M.	19	E HE DETT				
MEDICAL	21d. INJURY OCC		21e. PLACE OF IN	JURY CTORY, OFFICE, FARM, ETC.)	2H LOCATION STREET	CITY OR TO	OWN COUN	STATE	
-		WHILE WORK							
				eased from DOCKIM		10 January	1987	, that (D(we) I	ast
- 1		(did) (did nat) vi	ew the body after	death.	and that in (aur) apinian	death accurred an the d			
	226. SIGNATURE	+Ni	1		DEGREE ATTENDING	MEDICAL STA		DATE SIGNED	
	22d. PHYSICIAN'S	1 0 14	her		PHYSICIAN [	DIRECTOR PHYSIC	CIAN	113781	
	D. L	NAME (TYPE OF PRI		a 1	22e ADDRESS UNIV	of Maryland	Canery (St.	pr	
	RODA	MI	Drey 1	1.7)	22 S. Greene.	ST. BUNIA	were M.D	21201	
23o. E	BURIAL, CREMATIO	N, REMOVAL 2	3b. DATE		L COMETERY OR CREMATORY	23d. LOCATION	COUNTY		
			1/20/87		lawn Cemetery	Delta		Ohio	
Le	TONMEM. &	Russell	C. Witzk	ce Euneral	Homes P.A	N 2.0 1987	DE REGISTRAR'S SI	SNAHIRE dall	
10	SU Edmon	dson Aver	nue, Cator	sville, MD	21228	11 2 - 100.	U		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

INTORIANT: If Hem 21 is marked or Hem 18 Thows any injury, or other traumatic event, the TO FUNERAL DIRECTOR, After this certificate has been signed by the other its should be detached for use as the burial-transit permit. Then please remaye carbon papels with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.



			S	Ī	A	Ī	E	0	F	M	A	R	Y	L	A	P	d
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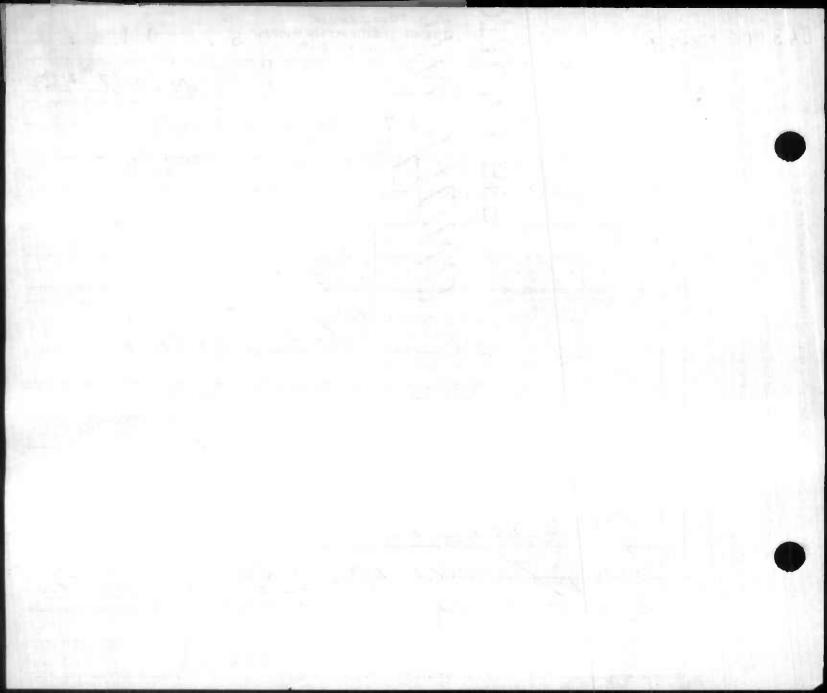
(')	7
0	-
	DEC

	J :	FOR STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1 4 9 9
poge 3		CEASED NAME FIRST RUFT	JS	POWELL	20. DATE OF DEATH MONTH	31/87 9:30A
S office	3. SEX	MALE	A. RACE BLACK	S. DATE OF BIRTH  MONTH DAY YEAR  9. 27 33	6. AGE (IN YEARS LAST BIRTHDAY)  53 YRS	IF UNDER LYEAR IF UNDER 24 HR.
death. Pag	G	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OR COUN  BALTO  126. USUAL OCCUPATION	TY OF DEATH
by the		BALTO.	(IF NOT IN SUCH FACILITY, GIVE STRE  4215 PENHURST  OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING  Watterson Sk	LIFE) INDUSTRY
tely filled in 2 should be inner most b	13a. S	laryland 136 COL	Baltim	WN 138. INSIDE CITY LIMITS?  YES NO 15. MOTHER'S MAIDEN NA		t Ave. 21215
oned w	16a V	lutcher vas deceased ever in u.s. a		Willie Willie CURITY NO. 17 INFORMANT	ADDRESS	Hunt
be exected on and s. Pages	Y	(IF YES, C	GIVE WAR OR DATES) 242-50	0-0365 PRINCESS PO	WELL 4215 PENHU	RST AVE.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	LIENICE OF	0	
requires the	TION		(c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERA		
he low requires the on.  hos been signed I permit. Then plecene prior to buriol ows any injury, or	RTIFICATION	PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF Y	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
The low requires th ricon.  te has been signed I sit permit. Then plea gignen prior to burial shows any injury, or	DICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E LIF EITHER, NOTIFY MEDICAL EXAMIN	T CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICH  196. TIME OF INJURY HOUR A.M. MONTH P.M.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  21c. HOW INJURY OCCUR	20a AUTOPSY? 20b. IF Y IN CER YES NO TO NO TO NO TO NO TO NO TO NO THE NATURE OF INJURY IN ITEM IN	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
ING PHYSICIAN: The low requires the other of the other of the other this certificate has been signed to stude the ost the burial-transit permit. Then plea of the burial Hygiene prior to burial orked or them 18 shows any injury, or	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D.  (IF ETIMER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN  WHILE NOTIFY MEDICAL EXAMIN  AT WORK NOTIFY MEDICAL EXAMIN	T CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	D DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  DAY YEAR 19 211. HOW INJURY OCCUP 19 211. LOCATION STREET	20a AUTOPSY? 20b. IF Y	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO SERVICE NO COUNTY STATE
1. OR ATTENDING PHYSICIAN: The low requires the hospital or attending physician.  1. DIRECTOR: After this certificate has been signed letached for use as the burial-transit permit. Then pleasted for use as the burial-transit permit. Then pleasted bept. of Health and Mental Hygiene prior to burial if them 21 is marked or them 18 shows any injury, or		PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE  22a.1 certify that (11) this has saw the deceased of live or	T CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICE  19b. CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21c. PLACE OF INJURY (AI HOME. STREET, FACTORY. OFFICE)  19pital) ottended the deceased from 21c. 19pital) ottended the deceased from 19pital) ottended the 19pital ottended the 19pital ottended the 19pital ottended the 19pital ottended the	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  21c. HOW INJURY OCCUR 19 21l. LOCATION STREET 19 21l. LOCATION STREET 19 And that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	ZOO AUTOPSY? ZOO IF Y IN CER  YES NO STATEM IN TERM IN THE MILE OF INJURY IN ITEM IN INJURY IN INJURY IN ITEM IN INJURY INJURY IN INJURY IN INJURY INJURY IN INJURY IN INJURY I	(ES, WERE FINDINGS USED THYING CAUSES OF DEATH?  YES NO   B PART 1 OR PART 2)  COUNTY STATE  1987, that (1) (we) la aur and fram the causes stated  22c DATE SIGNED
AL OR ATTENDING PHYSICIAN: The low requires th y the hospital or attending physician.  AL DIRECTOR: After this certificate has been signed ledached for use as the burial-transit permit. Then plea to be Debt. of Health and Mental Hyglene prior to burial UT: If them 21 is marked or them 18 shows any injury, or	WEDICAL MEDICAL	PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D.  (IF EITHER, NOTHY MEDICAL EXAMIN  21d. INJURY OCCURRED  AT WORK NOTHY MEDICAL EXAMIN  22a.1 certify that (II) this has saw the deceased olive a coove, (I) (we) (did) (did.)  22b. SIGNATURE  22d. PHYSICIAN'S NAME MAP	T CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)  19 1 31 19 19 19 19 19 19 19 19 19 19 19 19 19	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  21c. HOW INJURY OCCUP  21l. LOCATION STREET  19 21l. LOCATION STREET  And that in (my) (aur) apinion  DEGREE ATTENDING PHYSICIAN  27e ADDRESS  6.6.	20a AUTOPSY?  YES NO NO NO NOTICE REPORT IN TEM IS  CITY OR TOWN  To 13/  death accurred an the date and h	CES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO COUNTY STATE  COUNTY STATE  1987. that (1) (we) located are not from the causes stated  22c DATE SIGNED  131/87  E GUILFORD RO

NORTH AVE

1101 E

MARCH FUNERAL HOME



# · STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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040975	111 -	FOR SATE 7 REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTAL H CATE OF DEATH	YGIENE 8 7	1500
deor h		CEASED NAME FIRST CAPITAL CONTRIBUTION CONTR	1	MIDDLE	ran t	15	20. DATE OF DEATH MONTH	TOTAL
oge 4 mo	3 SE	MAle	4 RACE	phite	5. DATE OF	BIRTH Z/ / YEAR Z/ / / G	70 YRS	IF UNDER 1 YEAR IF UNDER 21 HRS.
death. P.	en	RTHPLACE (STATE OR FOREIGN (OUNTRY) 110	USA	WHAT COUNTRY?	MARRIED	DIVORCED [	De Hine Cis	AD.
201 urs offer	8	AL RESIDENCE (IF NURSING NO	O / o	CHFACILITY, GIVE STREET	DDRESS)	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Buyer	126 KIND OF BUSINESS OR INDUSTRY Food Fair
in 24 hor	13a. S	Ba Ba	ounty ltimore	13c CITY OR TOW Randalls	stown	YES NO X	3507 Templar Rd	. 21133
i. MARY	2	THER'S NAME FIRST Casi		Precins	ki	IS MOTHER'S MAIDEN I	ce	Witkowski
be exection on the fish of the first population on the first population of the	1	VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES	157-05-			dallstown ADDRESS MD et Prentis 3507 T	21133 emplar Rd.  Between Onset and Death
o) W. PRESTON ST., BAI that the death certificate d by the attending physic lease remove carbon pape to), cremation, or removal.		PART I. DEATH WAS CAI IMMED Conditions, if ony, which gove rise to immediate cause to, storing the underlying cause lost.	DUE TO, O	11	PASION	Acute jia, Preum	Renal Failure	,
the low requires on. has been signe permit. Then plane permit then plane one prior to bur owns only injury, it	CERTIFICATION	PART 2 OTHER SIGNIFICAN		ONTRIBUTING TO D	OPERATION			WERE FINDINGS USED /ING CAUSES OF DEATH?
DIVISION OF VITA ING PHYSICIAN: The other this certificate os the burd-tronsit th and Mental Hygin orked at tem 18 step.	MEDICAL CER	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAM 214. INJURY OCCURRED  WHILE NOT WHILE AL WORK AL WORK	DEATH HOUR A.	DF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F.	YEAR 19	211 LOCATION STREET	URRED (ENTER NATURE OF INJURY IN ITEM 18 PA	(COUNTY STATE
to PRATTENDI the hospital or 1 DIRECTOR. A stroched for use to Dept of Heal	-	27a. Lectrify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) (22b. SIGNATURE	on 1-15	19		that in (my) (our) opining		9
TO HOSPITAL retained by the TO FUNERAL should be detromined by the Stote with the		Stephen C	Charles	Spring	re	27e ADDRESS	405p Ballimon	mo
BP		SPECIFY) Burial  Burial	236 DATE 1/19/			of the Lou	rdes Hamiton Township	Mercer New Jers

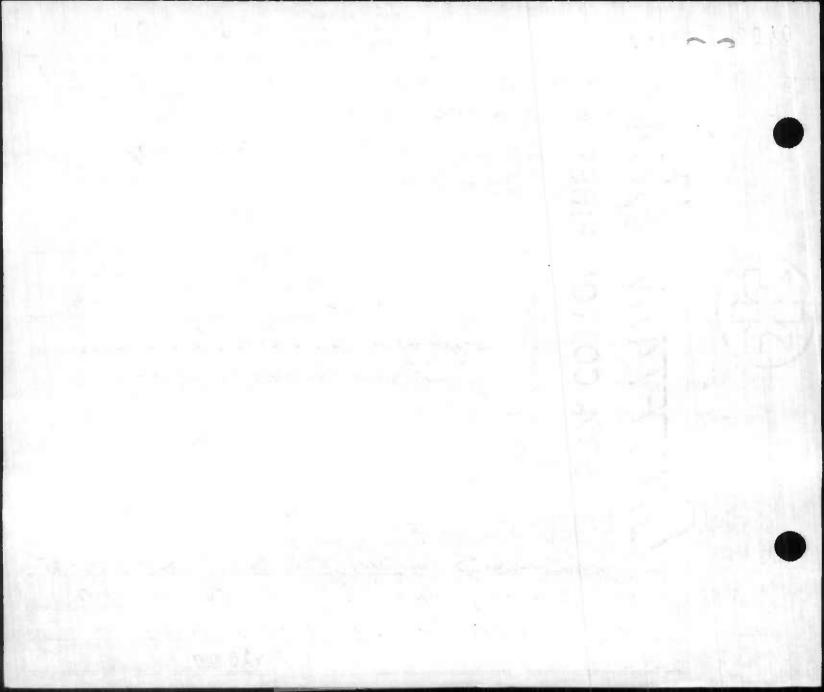
DHMH - 16 60M 7/B4 (VRA 15, 4)

8728 Liberty Rd. Randallstown, MD 21133

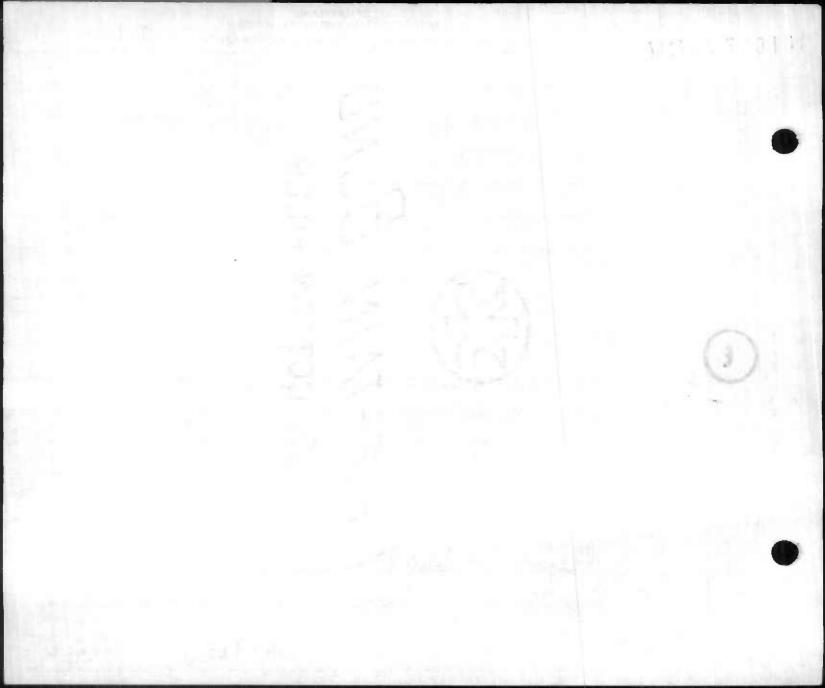
24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 250 DATE REC'D BY REGISTRAR' 250 REGISTRAR' 25 SIGNATURE JAN 16 1987

AUGUSTA DIRECTOR LORING BYERS SIGNATURE 18728

10 JAN 16 1987



h 1	0 1 7 IAM	1-	FOR STATE REGISTRAR		MI	ST. DEPARTMENT OF	HEALTH		52	REG. NO.	1	5 0	1
1 1	U T I JAM	I. DE	CEASED NAME E OR PRINT)	FIRST		WIDDLE		LAST	2a. DATE	KNOWN TO	MONTH D	AY YEAR	Zb HOU
	ET, SE.S. SE	(116	E OKPRINE)	JES	SE			PRICE	UF OF	ESTI-	-2-87	19	
	PEG ECTO R FILL HOU STRE	3 SEX	4.1	RACE	5. DATE OF BIRTH		PEARS IF UN	DER 1 YR. IF UNDER	R 24 HRS. 2c. DATE		AONTH D	DAY YEAR	R 2d HOU
	ON ON		Male	Black	11 7	33 53	YRS.	DATS HOURS	DEAD	1-	-2-87	19	8:15
	I IS NECESSARY, PEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES. ED, WITHIN 72 HOURS O W. PRESTON STREET,	FO	RTHPLACE (STATE REIGN COUNTRY)  Carolina			WHAT COUNTRY?	8 MARR	IED NEVER MARE	RIED K	timore (		F DEATH	
	Y IS N THE FU IGE 5		TY OR TOWN OF		U.S 11. NAME OF HO (IF NOT IN SUCH	DSPITAL, NURSING HOA FACILITY, GIVE STREET ADORESS	AE, OR OTH		12a USUAL OCCU	PATION (TYPE OF		KIND OF E	
	S S S S S S S S S S S S S S S S S S S	116114	Balti			wn Mall			None				
MD. 21201	IF ANY DELAY IS NEC 2, AND 3 TO THE FUN 3. RETAIN PAGE 5 FS SHOULD BE FILED, W. P. I. RECORDS, 701 W. P.	13a S		13b. COUN		130 CITY OR TOWN	SION)	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRE	(?)		000	000
E, MD.	RS AFTER DEATH. IF GIVE PAGES 1, 2, A WITH FORM PM 3. PAGES 1 DAYS DIVISION OF WITH B	14. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAID		MDDLE	-	LAST	
AOR	A PAGE	16a. V	AS DECEASED E	VER IN U.S. ARA	MED FORCES?	166 SOCIAL SECUR	ITY NO.	Pauline 17 INFORMANT		ADDRESS _	Pric		C+
BALTIMORE,	RS AFTER GIVE PA WITH FOR PAGES I DIVISION		es, no, or unknown		an War	218-28-87	77	Mr. Edua	2911 ard Price	Balto.		leral	St.
\$T., B	CURS AF		18 CAUSE OF D		ly one couse per lir	ne for (o), (b), and (c).)  ypertrophic				Barro.		APPROXIMA BETWEEN ONS	ATE INTERVAL SET AND DEAT
NO	MAT NAL			IMMEDIA	IE CAUSE (0)	OR AS A CONSEQUENCE		Tollyopacity					
REST	ZZZZZ S		Conditions,	if ony, which	DOE 10, O	A A CONSEQUENCE	Or						
W.P	ASSES			to immediate	DUE TO, O	OR AS A CONSEQUENCE	OF						
100	A R R R		lying couse	ost.	(6)	- 1*							
8	BOX BY		PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEAT	N BUT NOT RELATED TO THE TE	RMINAL OISEAS	E DR CONDITION GIVEN IN P.	ART 1 a				
RECORDS	A P P P P P P P P P P P P P P P P P P P	NO NO	ALCOHOL										
	SED A	CERTIFICATION	19a. DATE OF OF	PERATION	196 COND	DITION FOR WHICH OP	RATION W	AS PERFORMED?			2	0 AUTOPS	Y?
¥.	美麗古田文書	TIF										YESXX	NO [
DIVISION OF VITAL	CERTIFICATE S TING THE WC 15 TO THE WC 3 SHOULD BE DEPARTMENT I PRICE TO BE		210. EXTERNAL C UNDERLYING CONTRIBUTING	OR		M. MONTH DAY YE	AR 21c H	OW INJURY OCCURR	ED (ENTER NATURE OF IN	IURY IN ITEM 18 PART	T I OR PART 2)		
OFS	PRIO PRIO	MEDICAL	21d INJURY OCC	_	21e PLACE	OF INJURY (ATHOME,		CATION					
VIO	ARE ARE	W	WHILE AT WORK	T WORK	STREET, FA	CTORY, FARM, ETC.)		TREET	CITY OR TO	WN	COUNTY		STATE
	TO MEDICAL EXAMILER EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE DOWN TO FUNERAL DIRECTOR AFTER DEATH, WITH THE STATIMORE, MARYLAND 2		22a. I certify to		rol couses X	Accident .	Autop	sy X, Inspection,	Undetermined mo		п ту орнчо	n	
U	CAL EXY THE CER SHOULD RAL DIR ATH, WI RE, MAR		ACTUAL SIGNATURE	May	re B	re Houll	M	TITLE (SPECIFY)  D. Assistar	T MEDICAL EXAM	AINER	DATE SIGNED_	1-2-8	7
	MEDI FECUTE AGE 4 FUNN TER DE	60	EXAMINER'S NA (TYPE OR PRINT)	l <sup>v</sup> lč		A. Korell,	1.D.	ADDRESS_ 111	Penn Stre	et			
	525549	23a. Bl	JRIAL, CREMATIO	N, REMOVAL 2	3b. DATE	23c. NAME OF C	EMETERY C	RCREMATORY	23d. LOCATION	THE	COUNTY		STATE
07/84 25M	BP	24 51	Remo		1-2-87			I25a, DATE	DECID BY DECIGES	D 11th DECICTO	AP'S SICE	IA TINDS	
20111	DHMH - 17 (VR A15 ME (5))	24 FL		natomy	Board ADDRES	Balto.,	Md.	JAI	1 4 1987	June die		Mandel	IL.



IMPORTANT: If Hem 21 is morked or Item 18 shows ony

DHMH - 16 60M 7/B4

(VRA 15, 4)

4 JAN

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	U	-

FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH CERTIFICATE		GIENE 8 /	0 ! 5	; 0 2
I. DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MO	ONTH DAY YEAR	25 HOUR
RAY		PRICE		1	15 87	
3. SEX	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHD		_
MALE	BLACK	6 (	8° 34°	52	YRS DAYS	HOURS MIN.
78 BIRTHPLACE (STATE OR FOREIGN N. COUNTRY)	76. CITIZEN OF WHAT COUN USA	TRY? 8 MARRIED   NI	EVER MARRIED DIVORCED	BALTIMORE C		MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	STREET ADORESS)		120 USUAL OCCUPATION	ORKING LIFE) - INDUSTRY	OF BUSINESS OR
BALTIMORE  USUAL RESIDENCE (IF NURSING HOME	5021 MIDWO			H. EQUIP. OP	ERATOR	
MD 136 CO		MORE, YES		13e.STREET ADDRESS / Z 5021 MIDWOOD	AVENUE 2	1212
14 FATHER'S NAME	MIDDLE LAS		THER'S MAIDEN NA	AME	1A	157
MOSES	W. PR	ICE AI	DDIE		MILLS	
160 WAS DECEASED EVER IN U.S.		SECURITY NO. 17 INF	ORMANT	ADDRESS		
(IF YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	30/1 AT.1	LYNE PRIC	E 4202 ST. GE	ORGE AVENIT	TO A TOTAL
Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last.	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS	Clre	bal me	trateses	7,	months
PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	S TO DEATH BUT NOT RE	LATED TO THE TERM	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 1	10
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	19b. CONDITION FOR W	HICH OPERATION WAS	PERFORMED		Ob. IF YES, WERE FIND IN CERTIFYING CAUSES YES	
	DEATH HOUR A.M. MONTH	DAY YEAR	OW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN	TIEM IB PART ( OR PART 2)	
OR CONTRIBUTING AND SE OF	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		CATION STREET	CITY OR TOWN	COUNTY	STATE
saw the deceased alive	spital) attended the deceased for the spital attended the deceased for the spital attended to the spital attended	am Nove		death occurred on the date		that (I) (we) last couses stated
22b. SIGNATURE	5	DEGREE	ATTENDING	MEDICAL STAFF	22c. DATE	SIGNED
224 PHYSICIAN'S NAME ITYP			DDRESS	1.01 /		

HABERSAT 236. DATE 1/18/87 23a. BURIAL, CREMATION, REMOVAL BURTAL

23c. NAME OF CEMETERY OR CREMATORY PRICE CEMETERY

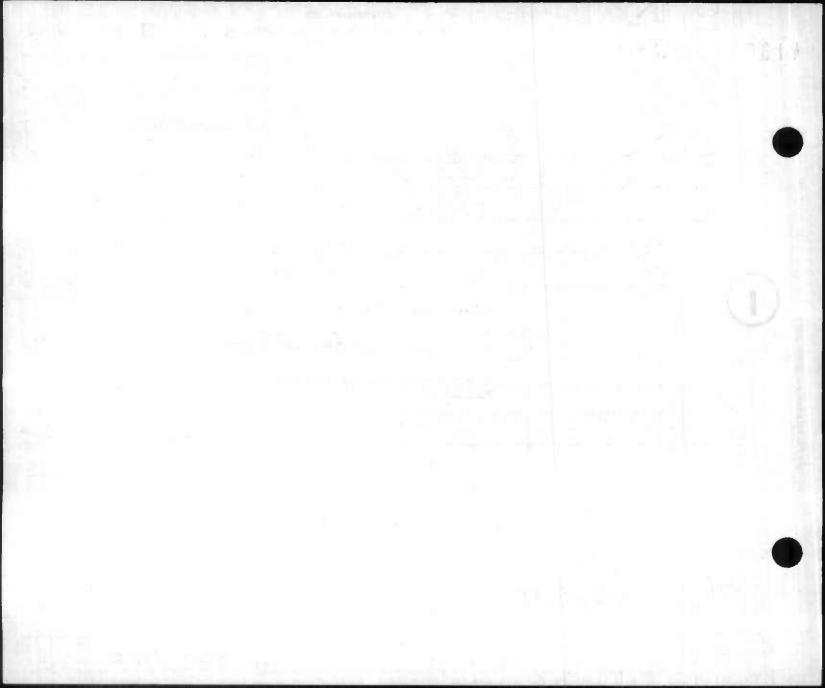
214 Mt. Carmel Rd, Parketon, Md 21120 23d LOCATION N.C. LITTLETON

24 FUNERAL DIRECTOR

1101 E. NORTH AVE. MARCH FUNERAL HOME

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

6 1987 Julia Devideon Parde



DHMH - 16 60M 7/B4

(VRA 15, 4)

FOR STATE REGISTRAR

DECEASED NAME TYPE OR PRINT

EDWARD H

MIDE

1630 Edmondson Ave., Catonsville, MD.

(IF YES, GIVE W.

IMMEDIATE C

PRIEST DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO		ا غ	0 3
H. PR	IEST	20. DATE OF DEATH	-29 -	0-	10.47
W HITE 5. DATE O		6. AGE (IN YEARS LAST BIRT			FUNDER 24 HRS
CITIZEN OF WHAT COUNTRY? 8. MARRIET WIDOWE		BALTIMORE CITY OF		FDEATH	MD.
NAME OF HOSPITAL, NURSING HOME OF HOSPITAL OF STREET ADDRESS)  RERTY MED. CEN	R OTHER INSTITUTION	128 USUAL OCCUPATION OF WORK FOR MOST OF GARDENER/P	WORKING LIFE]	126. KIND OF E	BUSINESS OR
TITUTION GUE RESIDENCE BEFORE ADMISSION) 13t. CITY OR TOWN Ellicott City	138. INSIDE CITY LIMITS?	13. STREET ADDRESS / Frederick	7IP CODE	21043	
Priest	15. MOTHER'S MAIDEN NAM Lena	WIDOTE		eflin	
o FORCES? 166 SOCIAL SECURITY NO. 227220752	Nellie Pries				D.21045 Forest Ro
DUE TO, OR AS A CONSEQUENCE OF	ory feeler			BETWEEN ONS	JE INTERVAL SET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF					
MOITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN	IN PART 110	
196 CONDITION FOR WHICH OPERATION	NAS PERFORMED	YES NO S		WERE FINDING NG CAUSES OF	
216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	WN	COUNTY	STATE
ottended the deceosed from	2-8 - , 190 ) d that in (my) (our) opinion of	to / - Z	, , ,	7	at (1) (we) last uses stated
	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF		220. DATE SIG	GNED
en mo	271) HAMM	ALD MO	Rol	2122	7
	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Marriott	sville	HO.	MD . STATE

1987

21 Ley St Director Russell C. Witzke Funeral Homes P. 1250 DATE RECD. BY REGISTRAR 250 REGISTRAR SIGNATURE 1630 Fedwards on Avo Catonsyille MD 21228 FCD 3 1087

astro-passion visus and VIS of a safe 040302

FOR STATE REGISTRAR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

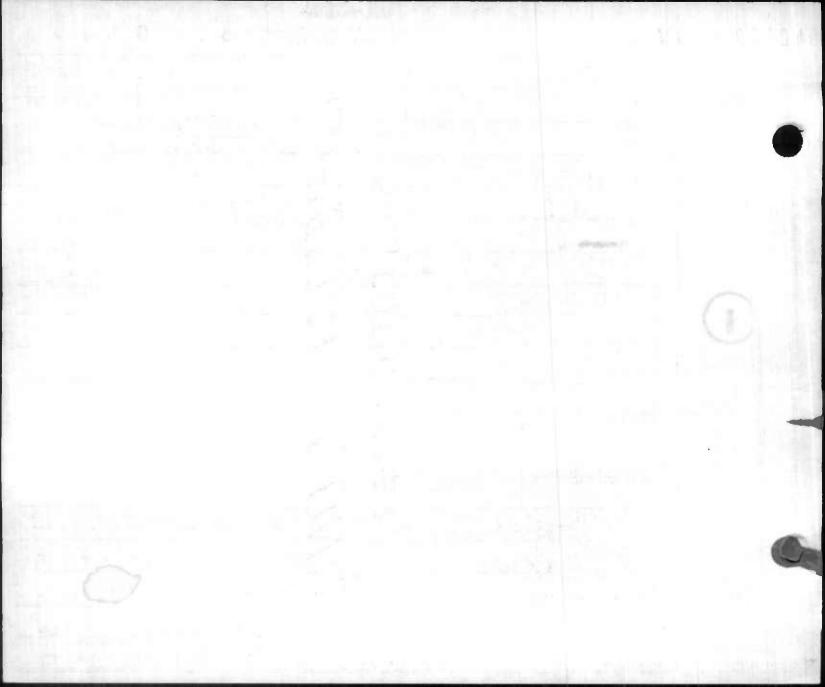
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8	1		
	DEC	A	

170

		CEASED NAME FIRST PAVLING		AIDDLE PRIT	CHETT	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	3. SE)		4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	RIHDAY) IF UNDER TYL MONTHS DA	
1	C	RTHPLACE (STATE OR FOREIGN	USA	WIDOV	IED ☐ NEVER MARRIED ☐ VED 🌠 DIVORCED ☐	9 BALTIMORE CITY O	City	MD.
8		Bultword	(IF NOT IN SUC		OSP17AZ	(TYPE OF WORK FOR MOST OF		D OF BUSINESS OR RY
3 /2	13a. S	MD		GIVE RESIDENCE BEFORE ADMISSION 131. CITY OR JOWN	13d. INSIDE CITY LIMITS?		1 ZIP CODE	21201
		THER'S NAME FIRST TORANAN	MIDDLE	GREEN	15 MOTHER'S MAIDEN NA	WIDDIE		PAVIS
/	16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES? (E WAR OR DATES)	216. 34.9982	MARILYN S	nith 520	w. Presi	ron ST.
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	lly ane cause per D BY: IE CAUSE (a)	line for (a), (b), and (c).)	rest		BE TWE	ROXIMATE INTERVAL EN ONSET AND DEATH
	z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN						Thor
9	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
9	EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.	M. MONTH DAY YEA		RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PART	2)
'	MEDI	21d. INJURY OCCURRED  WHILE OF INJURY  LAT HOME STREET, FACTORY, OFFICE, FARM ETC.)  21l. LOCATION  STREET  CITY OR TOWN					VINDOS NWC	STATE
		270.1 certify that (II (this hospital) attended the deceased from						
,		DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (1179E OR PRINT)  274. PHYSICIAN'S NAME (1179E OR PRINT)  272. ADDRESS						2.87
1		N.E. Carne	11		22 S. aree		Balt. MD	2/207
	230 B	CURIAL, CREMATION, REMOVAL SPECIFY) WILLIAM	236. DATE		CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	MID
B4	24 FL	NAME ARCH F/H.		E. NORTH	25a, DAT	REC'D. BY REGISTRAR N 7 - 1987		. /\

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, If hem 21 is



	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 /	0130
JAN 21 8	(TYPE	OR PRINTS Arthur	WIDDLE	Pro	vencal Jr.	(	MONTH DAY YEAR 26 HOUR 4.03
The story	3. SE	male	4 RACE White	MON	OF BIRTH  DAY  YEAR  YEAR	6 AGE (IN YEARS LAST BIRTH	YRS.
overpl d		RTHPLACE (STATE OR FOREIGN COUNTRY)  W. Va.	76 CITIZEN OF WHAT COUN	MARR	VED DIVORCED	Baltimore city of	s'more cety
filed with	10 C	altomore	11. NAME OF HOSPITAL, N (IF NOT INSUCH EXCILITY, GIVE		tospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Hardware Mg	
hould be f	130. 5	WD NO	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY 13 GIVEN CE		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP, CODE Rd 2123
Completely and 2 sh		THER'S NAME FIRST  Arthur	Provence			Dondy	Amy
S. Poges		VAS DECEASED EVER IN U.S. (15, NO OR UNKNOWN)  YES,  YES,	GIVE WAR OR DATES)	SECURITY NO. 14-0588	Mrs. Doris H	. Provencal	Same
physicic on poper emovol. event, th		PART I. DEATH WAS CAU	anly ane cause per line for (o), ( SED BY DATE CAUSE (o)	10.	arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
tending ve corb ve corb ve corb		Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON-	100+	ensim		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NO	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION	S TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 110
isit permit.	RTIFICATION	1/17/87	acute.	1	ON, WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
certificate priol-transi entol Hygi frem 18 sh	ü	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	1 DAY YEA		ED (ENTER NATURE OF INJURY	r IN ITEM TS PART ( OR PART 2)
the bu	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	O COUNTY STATE
for us of He 21 is		saw the deceased olive	spita) offended the deceased of an not) view the bady after death.	131)	and that in (my) (our) pinian (	death occurred an the da	te and haur and fram the couses stated
Ped		22b. SIGNATUR			DEGREE		22c. DATE SIGNED

TO FUNERAL DIREC should be detached BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

(SPECIFY) Burial
24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL 23b. DATE

Jan. 22.1987

Leonard J. Ruck Inc. Baltimore, Maryland

231 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION

MEDICAL STAFF

Moreland Mamorial Baltimore Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ATTENDING PHYSICIAN

Julia Diridion Landaer

STATE

New Courts H. Proxymus . Very seongia or follower makenit telitytimust i 8 lauk:

## STATE OF MARYLAND

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	REG. NO

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							E OF MARYLAND							
3 9 FEI	12	FOR STATE REGISTRAR			DEPARTM		EALTH AND MEI		ENE &	REG. N	0.	)	5 1	3 6
		CEASED NAME	FIRST	M	NDDLE	L	AST		20 DATE	OF DEATH	MONTH		AR 2b H	
1.0	11111		Willard		Alton	j	Pyle			C	an	29 8	710	3 3 C
	3.58			RACE		5. DATE C			6. AGE (I	YEARS LAST BIR	THDAY)	I UNDER I		DER 24 HRS
do so		ale .		White_		MONTH	31	1917	(	59	YRS	MONTHS	DAYS HOUR	₹5 MIN.
1/2	7e. Bl	RTHPLACE (STATE OR	FOREIGN 76		WHAT COUNTRY?	MARRIE	D KNEVER MAR	RRIED -	9 BALTIM	ORE CITY O	R COUNT	Y OF DEAT	Н	
/A2	Pe	ennsylvani	a	US	SA	WIDOWE			Bal	timore	City			MD
4		TY OR TOWN OF DEA		I NAME OF H	IOSPITAL, NURSIN HFACILITY, GIVE STREET A AMARITAN	G HOME C ADDRESSI HOSP	ital		120. USUA	ed-Ma	ON OF WORKING L	12b. KII	ND OF BUS	
35	130 5	AL RESIDENCE (# NURS	HIL COUNTY		GIVE RESIDENCE BEFORE  13. CITY OR TOWN  Timoniui	N	13d. INSIDE CITY	LIMITS?		Contro ADDRESS S Sprince			, 210	93
19	19	THER'S NAME	MID	OLE	LAST		15. MOTHER'S M		ΛE				LAST	
120	1	Willard		dward		е	Helen			AI	verda	3	L'S' C	nion
0 40	160 V	AS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	i		ADDRI	ESS			
12	1	NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	218-07-9	9978	Mildred	d M.	Pyle,	153 \$	Sprin	gside	Rd.,	2109
Ĭ.		18 CAUSE OF DEAT PART 1. DEATH W	H (Enter only of VAS CAUSED B IMMEDIATE (	SY:	-1 4		- ne	10				BETV	PROXIMATE IN	AND DEATH
or other traumat		Canditians, if any, gove rise to im- cause (a), statin underlying cause	mediote ng the last	DUE TO, OR		NCE OF	1 s4 1 NO 41 14							
hen p to bo	N	PART 2 OTHER SIGI	NIFICANT CON	NDITIONS <u>CO</u>	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO	) THE TERMI	nal dise <i>a</i>	SE OR CON	DITIONGI	IVEN IN PAI	₹T Ha	
100	16													
117	THC	190. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	AED .	200 AU	TOPSY?	IN CERT	S, WERE FI	USES OF DE	EATH?
The second secon	CAL CERTIFICATION	190. DATE OF OPERA  210. ACCIDENT WAS UN  OR CONTRIBUTING   (IF EITHER, NOTIFY MEDI	DERLYING CAUSE OF DEATH	21b. TIME OF	FINJURY M. MONTH DA		N WAS PERFORM		YES 🗌	NO	IN CERT	IFYING CAI	USES OF DE	
h and Mental Hygeres ; the edge; then 18 shown	MEDICAL CERTIFIC	210. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR	DERLYING CAUSE OF DEATH ICAL EXAMINER) RED	21b. TIME OF HOUR A.A P.A	FÍNJURÝ M. MONTH DA M.	AY YEAR		RY OCCURRE	YES 🗌	NO	IN CERT Y RY IN ITEM 1B	IFYING CAI	USES OF DE	
On when the centrools has be viewed that the things of the self-band heart of the self-band to the self-band	12.000110	21a. ACCIDENT WAS UNION OR CONTRIBUTING [ ] (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR AT WO 22a.1 certify that (1)	DERLYING CAUSE OF DEATH ICAL EXAMINER) RED HILE RED Ithis hospital)	21b. TIME OF HOUR A.M. P.M. 21e. PLACE C (AT HOME STRI	F INJURY M. MONTH DA M. DF INJURY EEL, FACTORY, OFFICE, FACTORY	AY YEAR 19 ARM, ETC)	21t LOCATION STREET	RY OCCURRE	YES DED (ENTER	NO NATURE OF INJU	IN CERT Y RY IN ITEM 1B	FYING CALLES DART LORPAR	USES OF DE NO	STATE
detached for use as the burial house per- ore Dept. at Health and Mental Hygiens; IT. If tern 21 is marked or tern 18 shower	12.000110	21a. ACCIDENT WAS UNION OR CONTRIBUTING CIFEITHER NOTIFY MEDI 21d. INJURY OCCUR.	DERLYING CAUSE OF DEATH ICAL EXAMINER) RED HILE RED Ithis hospital)	21b. TIME OF HOUR A.M. P.M. 21e. PLACE C (AT HOME STRI	F INJURY M. MONTH DA M. DF INJURY EEL, FACTORY, OFFICE, FACTORY	AY YEAR 19 ARM, ETC )	21t. HOW INJUS	RY OCCURRE	YES DED (ENTER	NO NATURE OF INJU	RY IN ITEM 18	IFYING CAL ES  PART LOR PAR  COUNT  , 19  uu and fran	USES OF DE NO	STATE  It (we) lost as stated
hould be described for our on the bunds hourst per rith the Store Dept. of Health and Mental Programs; VPORTANT, if hern 21 is marked or tern 18 otherwork	12.000110	216. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR AT WO 220.1 certify that (1) say the decay abave, (1) (we) (4)	DERIYING CAUSE OF DEATH ICAL EXAMINER) RED HILE (this haspital) ed olive on did (did not) v	21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME STRI	F INJURY M. MONTH DA M. DF INJURY EEL, FACTORY, OFFICE, FACTORY	AY YEAR 19 ARM, ETC )	21t LOCATION STREET  and that in (my) (ou DEGREE ATTE PHY 22e ADDRESS	RY OCCURRE  19 ur) opinian d  ENDING	YES DED (ENTER	NO ONATURE OF INJU	RY IN ITEM 18	IFYING CAL ES  PART LOR PAR  COUNT  , 19  uu and fran	USES OF DE NO	STATE  It (we) lost as stated
About the Store Dept. of Health one Manual per with the Store Dept. of Health one Manual Hygiers (MADORTANT, if hem. 21 is marked at item; \$8 phowers	WEDICAL WEDICAL	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR WHITE AND ALL WO 220.1 certify that (I) saw the decess abave, (I) (we) (I) The SIGNATURE	DERIYING CAUSE OF DEATH (CALEXAMINER) RED HILE ROBER ((this hospital) ed olive on add) (did not) v  AME (TYPE OR PR	21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME STRI	FINJURY M. MONTH DA A. DFINJURY Let FACTORY OFFICE, FA De deceased from 19 after death.	AY YEAR 19 ARM. ETC)	21t LOCATION STREET  and that in (my) (ou DEGREE ATTE PHY 22e ADDRESS	RY OCCURRE	YES DED (ENTER	NO   NATURE OF INJU	IN CERT Y RY IN ITEM 18	IFYING CAI ES  PARTI OR PAR  COUNI  , 19  22c. E	USES OF DE NO	STATE  In (we) lost as stated

DHMH - 16 60M 7/B4

(VRA 15, 4)

Martin D. Lawson, 10 W. Padonia Rd.21093

250. DATE RECS OR GISTON RESISTRATE GNATE



STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENT	AL HYGIENE
CERTIFICATE OF DEAT	H

040636 JAN	4	FOR STATE REGISTRAR		TMENT OF HEALTH AND MEN CERTIFICATE OF DEA	ITAL HYGIENE 8 REG. NO.	0 1 5 0 7
ithin 24 hours ofter death. Page 4 may be rely filled in by the funeral director, page 3 2 should be filed within 72 hours ofter death innermust benothed along.	3. SE 7a. B	CEASED NAME FIRST  MAYY  FENALE  IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  ITY OR TOWN OF DEATH  AL RESIDENCE (IF NURSING HOME OF TOWN  ATHER'S NAME	att Bal	S. DATE OF BIRTH MONTH OAY WIDOWED NEVER MAR WIDOWED DIVOR ING HOME OR OTHER INSTITU ET ADDRESS)  PRE AOMISSION) 13d. INSIDE CITY YES NO 15. MOTHER'S MA	PEG. NO.    1887	Ore MD.  IJE KIND OF BUSINESS OR  INDUSTRY  DE 12120 C
BALTIMORE, MARY mile executed with licins and complete per Page 1 and 2 met to 1 and 2			Wunder  RMED FORCES? 166, SOCIAL SEC VE WAR OR DATES) 216–28-	CURITY NO. 17 INFORMANT	nown  ADDRESS  C. Quick same as 1	Brehm 3e
S, 201 W. PRESTON ST., unes that the oth care great by the antifuling ph are please very a curbon borrol, cremot by the or other traumatic ever	Z	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQ	FGI/UVE UENCE OF	THE TERMINAL DISEASE OR CONDITION G	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TALRECORD  The low sequence for the low sequence for the low sequence for the low sequence for the low for the low sequence prior to the low state of the low state for the low state of the low sequence for the low seque	CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICE	H OPERATION WAS PERFORME	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES
DIVISION OF VIT	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK  AT WORK	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	CITY OR TOWN	COUNTY STATE
TAL OR ATTENDIN y the hospital or AL AL DIRECTOR, Aff detached for use a ore Dept. of Health		27a.1 certify that (1) (this hasp saw the deceased alive an above, (1) (we) (did) (did no	t) view the body after death.	, and that in (my) (aud DEGREE	9, to	, 19, that (I) (we) last our and from the causes stated  72c DATE SIGNED
TO HOSPIT TO FUNER Should be with the Sit	220 (	BIRTAL CREMATION PENOVAL	dy	27e ADDRESS  SING!	14050	

Baltimore National Cem.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

74 FUNERAL DIRECTOR
NAME
Leonard J. Ruck, Inc. Baltimore, Maryland

01/12/1987

JAN 1 2 1987 Julia Borden & Land

Baltimore, Maryland

The same of the second of the A SIMAL LOSS FRANCES CONTRACTOR OF THE STATE 
	1 -	FOR STATE REGISTRAR	D	EPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	8 / 0	1508				
-8	1. DECEASED NAME FIRST MIDDLE LAST (LYPE OF PRINT) MICHAEL Francis QUINN					REG. NO.  20 DATE OF DEATH MONTH JANUARY 16,	1987   2b. HOUR P 3:40 M				
+	3 SE)	Male	4 RACE White	Apri	OF BIRTH 1915	71 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN,				
2	Ne	RTHPLACE (STATE OR FOREIGN COUNTRY)  W JETSEY  ITY OR TOWN OF DEATH	U.S.A.  11. NAME OF HOSPITAL,	MARRI WIDOW NURSING HOME		9 BALTIMORE CITY OR COUNTY	CITY MD.				
25	USU/	ALTIMORE AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDEN	HOPKIN		Maintenance .	Mack Truck				
3		Md. Wa		or town rstown	13d. INSIDE CITY LIMITS? YES NOX	Rt. 6, Box 289	21740				
10	1	Andrew	- Q	uinn	Alice	ADDRESS	Egan				
2		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	03-4882	Mrs. Rebecca	E. Quinn, Hager					
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly ane couse per line lar (a ED BY: TE CAUSE (a)	rdine f	irrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Smin.				
		Conditions, if ony, which	DUE TO, OR AS A CO	NSEQUENCE OF	- a Carde	functi.	~aweak.				
	-	gave rise to immediate cause (a), stating the underlying cause last.	due to, or as a co	NSEQUENCE OF	ilitil from	taweck ana.	3-15.5				
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?				
2	100	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		ITH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RI   OR PART ?}				
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
	7	22a   certify that (I) (this hasp saw the deceased alive an abave, (I) (we right) (diagonal	10.7	19 87	and that in (my) (our) opinion	death occurred on the date and hour	9 . that (I) (we) last and from the couses stated				
1	1	27b. SIGNATUR)	2		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	VIG 87				
	2	224 PHYSICIAN'S NAME (TYPE O	STONE 1	MD	27e ADDRESS	· Haple - Hos	6				
	23a. B	BURIAL, CREMATION, REMOVAL	236. DATE Jan. 18, 1987		CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Smithsburg Was	COUNTY STATE				

Smithsburg Crematory

Funeral Home, Salamburg, Md., 21783

Md.

Wash.,

1250 DATE REC'D. BY REGISTRAR 256 REGISTRAR SSIGNATURE FEB 2 1987 Julia Deriver Millian

DHMH - 16 60M 7/84 (VRA 15, 4)

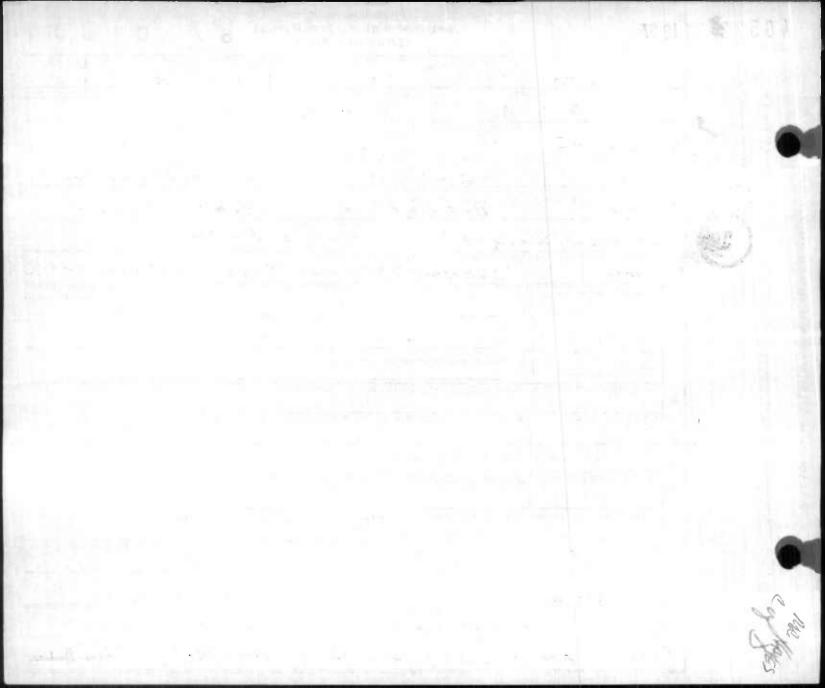
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0 4 0 5 2 2 JAN 13 STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	0	1	j	0	

- 30		REGISTRAR			CENTITIC	AIL OI DE		REG. N	0.		
		EASED NAME	FIRST	MIDDLE	LAST			20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
- 1	(TYPE	OR PRINT)  E1	sie		RABI	3		January 9,	1987		6:05A
	3. SE)		4	RACE	5. DATE OF	BIRTH		AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1		/	4	13	MONTH	2 DAY	97 P	89	YRS.	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FO	44 .	CITIZEN OF WHAT COUNTRY?	B. MARDIED	NEVER MA	ARRIED -	BALTIMORE CITY C	R COUNTY	OF DEATH	
1		NIGORO	56	USA	WIDOWED	,	ORCED	Balt	imore	City	MI
2		YORTOWN OF DEAT	Н	NAME OF HOSPITAL, NURSIN     (IF NOT IN SUCH FACILITY, GIVE STREET,	ADDRESS)			(TYPE OF WORK FOR MOST C	F WORKING LIF	E) INDUSTRY	F BUSINESS OF
10.00	USUA	L RESIDENCE (IF NURSIN	G HOME OR O 3b. COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	d INSIDE CIT		13e STREET ADDRESS	ZIP CODE	21	22.
MARKET	H. FA	THER'S NAME PIRST	v ä	DOYALYER LAST		MOTHER'S	MAIDEN NAM	Sm, row		LA	51
7		(AS DECEASED EVER II		ED FORCES? 16b. SOCIAL SECU	1377 C	MEDRMAN	WINK	ADDR	o FI	MAND	send fri
1		18 CAUSE OF DEATH	(Enter only	ane cause per line for (a), (b), and	d (c).)						MATE INTERVAL
1		PART I. DEATH WA		BY: CAUSE (o)	CE	13					
		underlying cause  PART 2 OTHER SIGN	last.	DUE TO, OR AS A CONSEQUE  (c)		OT RELATED T	O THE TERMIN	NAL DISEASE OR CON	DITION GIV	EN IN PART 1	a
	TION					CONT.					
2	CERTIFICATION	190 DATE OF OPERAT	ON	196 CONDITION FOR WHICH	OPERATION	VAS PERFOR	MED	200 AUTOPSY?	10 CERTIF YE	S, WERE FINDS YING CAUSES S []	NGS USED S OF DEATH? NO [
3	_	21g. ACCIDENT WAS UNDE OR CONTRIBUTING CA	USE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	t. HOW INJ	URY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART 1 OR PART 2)	
4	MEDICAL	21d. INJURY OCCURRE	E	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		If. LOCATION	٧	CITY OR TO	WN	COUNTY	STATE
		22a. I certify that shi ( saw the deceased bave, (I) Maye) (di	this' haspited	I) attended the deceased from	Januar 87_, ond	) 2 That inXiN() (	, 19 <u>87</u> our) apinion de	, to	ary 9 ate and hou	19 <u>87</u> , or and from the	that xh (we) las causes stated
		hust	pho	Hogen M.	0		TENDING HYSICIAN	MEDICAL STA		221. DATE	SIGNED
		TH PHYSICIAN'S NA Chris		r Hogan, M.D.	2	2e. ADDRESS		yland Gene	ral H	ospital	
		URIAL, CREMATION, R		23b. DATE 23c. N	NAME OF CEN		REMATORY	23d LOCATION		COUNTY 1	STATE
10		Burine		1118/87 A	rous	05		BOL DAN		COUNTY 4	/
7/84	24 FI	NERAL DIRECTOR	066	man 13 + 4DRESS	land or	.11	25a. DATE	22027	25by REQUET	PAP'S SIGNA	Pan Ja



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	-	4.4		
STATE	OF	M	ARYL	AND

8	REG. NO.	0	-	5	1	i.
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1	FOR STATE		DEPARTME	NT OF H	IEALTH AND MENTAL HYG	IENE Q	0	1 1 5	: 1 0
Ι''	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.	1 1	, , ,
	CEASED NAME FIRST	-	AIDDLE	l	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(IIII)	DAVID		F	RABI	NOWITZ	JANUARY	15,	1987	12;43 <sup>A</sup> <sub>M</sub>
3 SE	X	4. EAFCAS	IAN 5	DATE		6 AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
01	MALE	CAUC	XXX	MONTH	30 1919	67	YRS.	MOITING DATS	MOOKS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	AA A DDIE	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
	MARYLAND	XX	TP C A	WIDOWE		BALTIMO	RE CI	TY	MD.
10. C	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
B	BALTIMORE	THE	TOHKS THOT	KIN	S HOSPITAL	DRY CLEAN		CLOTH	HES
USU.	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE AD	(MOISSIMO	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	MD III		BALTIMO	RE	YES X NO	4309 CRES			21215
14. FA	ATHER'S NAME	MIDDLE	1.007		15 MOTHER'S MAIDEN NA				
	HARRY	WIDDLE	RABINO	WITZ	SARAH	WIDDLE		LEV	ľN
	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURIT	TY NO.	17 INFORMANT	ADDR	ESS		21215
(		I - ARMY	214-14-2	897	MISS LENA RA	BINOWITZ 4	309 CF	RESTHEI	GHTS RD.
		ly ane couse per	line far (p), (b), and u	511				APPROX	MATE INTERVAL ONSET AND DEATH
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	Ď BY: TE CAUSE (a)	cardine &	41/1	rl			11 -	55 min
	The state of the s		R AS A CONSEQUEN			. 1		1	
	Conditions, if any, which	( 1b) 6	theroxlero	STIC	coronary a	rt, dz.			
	gove rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUEN	CE OF	8				
	underlying cause lost	(6)	CAS A CONSEQUEN	CL OI					
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	a
Q.									
CERTIFICATION	190 DATE OF OPERATION	196. COND	TION FOR WHICH OF	PERATIO	N WAS PERFORMED	200 AUTOPTY?		S, WERE FINDI	
Æ	1/15/87	atles	oschoots.	cox	enary dz	YEM NO	YE		NO 🗆
	210. CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		FINJURY M. MONTH DAY	YEAR	21c. HOW INJURY OCCUR	RED (ENTER - URE OF IN I	JRY IN ITEM 18 I	PART ( OR PART 2)	
3	(IF EITHER, NOTIFY MEDICAL EXAMINE	NIH .		19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	M. ETC 1	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
-	AT WORK NOT WHILE			1	6	1			
	22a.1 certify that (1) (this hosp	1/5/	e deceased from	1/1	, 19	, to			that (I) (we) last
	saw the deceased alive an above, (I) (we) (did) (did no	t) view the bady	after death.	, ai	nd that in (my) (aur) apinion	death accurred on the c	lote and hou	ir and from the	causes stated
	226. SIGNATURE				DEGREE		/22	22c. DATE	SIGNED
		15_			ATTENDING PHYSICIAN	MEDICAL STA		1/	15/87
	1 1								
	224. PHYSICIAN'S NAME POPE C	PRINT)			22e ADDRESS	1	1	11	
		PRINT)	bandi.		5995 WCS	kra kun K	on/13	altimo.	
23a (	224 PHYSICIAN'S NAME PRECEDED TO SERVICE OF THE PROPERTY OF TH	23b DATE	the street of th	ME OF C	1270 ADDRESS WCS	23d LOCATION	on/B	altho,	SIAIS
23a (	22d. PHYSICIAN'S NAME OFFE	West Control of the C	the state of the s		5995 WG	ROSEDA	Dr. /B	COUNTY TIMORE	MD STATE
	22d. PHYSICIAN'S NAME POPE OF THE PROPERTY OF	236 DATE 1/16	the state of the s	AS A	5995 WCS EMETERY OR CREMATORY ACHIM CEM	CITY OR TOWN		TIMORE	MD

DHMH - 16 60M 7/84 (VRA 15, 4)

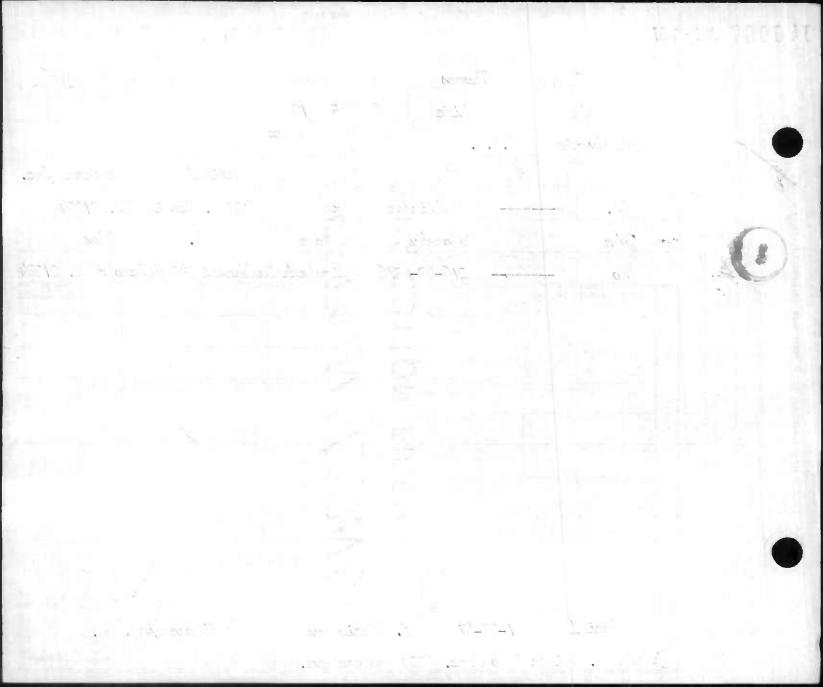
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TIAND 3	in 24 h	should b
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21:201	LOR ATTENDING PHYSICIAN: The low requires that the death certificate is traced in the 24 hours after well. Page 4 may be the haspital or ottending physician.	DIRECTOR: After this certificate has been signed by the ottending physician poor the property filled in the tune of director, page 3 tached for use as the buriol-transit permit. Then please remove carbanpapers from any singuid be tilled within 7 shours after death and Mental Hydiene prior to buriol, cremation, or removal.
. BALTIM	ficate in	hysician paper #
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DIVI	L OR ATTENDING PHYSICIAN: The low the hospital or offending physician.	OR: After or use os the Health or
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	1			STATE OF MARYLAND	1	
40067 JAN -	518.	7 FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7 C	)   5
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
moy be , page 3 ter death		John John	Thomas	Radomsky	1 -	4-87 11074 M
4 00	3 SE	Male	White	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	"IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.
Poge Shours	7a. B	RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	TY OF DEATH
<b>ラ</b> 月 年		TY OR TOWN OF DEATH 11.		WIDOWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
1 3/	B	ultimore City	THENOT IN SUCH FACILITY GIVE STREET A		(TYPER) WORK FOR MOST OF WORKING	Western Elec.
MARYLAND 21  in 24 hours  in 24 hours  in 94 filled in  in 97 filled in  in 67 filled in	13a.	ALRESIDENCE (IF NURSING) ME OR OTH STATE Md.	ER INSTITUTION, GIVE RESIDENCE BEFORE /		13. ETREET ADDRESS / ZIP.COM	St. 21224
	14. F	ATHER'S NAME		15. MOTHER'S MAIDEN N		
		John	Radomsky	Rose	MIPPLE	Oles
BALTIMORE, cote ysicien open the medical		VAS DECEASED EVER IN U.S. ARMEI YES, NO ORUNKNOWN) (IF YES, GIVE W	o FORCES? 166 SOCIAL SECUR AR OR DATES) 216-03-0		Burkhardt 342 Fo	lcroft St. 21224
		18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED B	one couse per line for (o), (b), and	(c. )		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertificen		IMMEDIATE C		ide /Tryps1		
death of death of other distant, or rition, or council output			DUE TO, OR AS A CONSEQUE	NCE OF		AND RESIDENCE
e de e de notion notion trou	-	Conditions, if any, which gave rise to immediate	(b)			
201 W. PRESTON ST., es that the death certified by the attending places remove carbang urial, cremotion, or remove, or other traumatic eve		couse 10), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
S, 201	z	PART 2. OTHER SIGNIFICANT CON	(c) NDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 100
TORD The rior to hy injury	ATIO	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	DPERATION WAS PERFORMED	200 AUTOPSY? 206 IF Y	ES, WERE FINDINGS USED
he low on. has be reprinted one printed on	CERTIFICATION			SVERIFIED VASSIERI GRINED	IN CERT	TIFYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir of the this certificate has been sign os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART ( OR PART 2)
C PHYSICIA ottending pleer this certificate with the puriolitical and Mental wheel or them.	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
DIVISIG ING PH r often th os the I lihond orked o	E	AT WORK AT WORK	(AT HOME, STREET, EACTORY, OFFICE, FA	RM, ETC.)	(11704.1044	STATE
a e e e e e e e e e e e e e e e e e e e		220 I certify that (I) (this hospital)		1 2 19 8	T., 10.	, 19 8 + , that (I) (we) lost
R ATTEI haspito RECTOI red for rept. of h		sow the deceosed alive on obove, (1) (we) (did) (did not) vi	ew the body after death.	<u> 名子</u> , and that in (my) (our) opinion	n death occurred on the date and ha	
0 . 5 7 6 =		22b. SIGNATURE	Pellenly	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226 DATE SIGNED
HOSPI sined b FUNE buld be buld be PORTAN	i	22d. PHYSICIAN'S NAME (TYPE OR PRI	R. Hand	Frances	Scott Ker	Madical Charter
		BURIAL, CREMATION, REMOVAL Z SPECIFYI BURIAL	-   ~	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
BP	74 E	JNERAL DIRECTOR	1-07-87 5		Batimore  ATE REC'D. BY REGISTRARIZS B. REGIS	CTAPIC CICALATURE
DHMH - 16 60M 7/84 (VRA 15, 4)		rarles S. Zeiler	& Son Inc. 622	Eastern Ave. UA	N 6 1987 Julia	F. D.



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and director, page 3

ST	ATE	OF	M	ARYL	AND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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1	/	0	(,)	
	DEC NO			

	FOR TATE REGISTRAR				EALTH AND MENTAL HYG	IENE 8 7	0	1 5	1	2
	CEASED NAME FIR	125	MIDDLE	LA	151	2a. DATE OF DEATH	MONTH OF	AY YEAR	26 HOU	R,
(TYPE	OR PRINT	ZABETH	LTOAD	D	AINEY		16	87	10	40 A
3 SE	The second secon	4 RACE			F BIRTH	6 AGE (IN YEARS LAST B	RTHOAY)	FUNDER I YEAR	IF UNDER	24 HRS
		5 m x m		MONTH	OAY YEAR	F0		ONIHS DATS	HOURS	MIN.
2n B	FEMALE RTHPLACE (STATE OR FOREK	WHI	MANAT COLINITARY 8	1	25 27	9 BALTIMORE CITY	YRS.	DEDEATH		
	Maryland	U.S.		ARRIED DO WEI	NEVER MARRIED DIVORCED	Baltim	_			MD.
m.	TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSING H	SS)		126 USUAL OCCUPAT		12b. KIND O INDUSTRY	F BUSINE	SS OR
	Baltimore AL RESIDENCE (IF NURS - 0.1		versity Hos		al	Homemaker		_		
13a. S	STATE	altimore	13c CITY OR TOWN Arbutus		13d INSIDE CITY LIMITS? YES NO 1	13e.STREET ADDRESS 5017 Leed	_	ne 21	227	
_	THER'S NAME				15 MOTHER'S MAIDEN NA	ME	20 11V C11			
	Gordon	WIDOLE	Bloxham	1	Ella	WIDDEE		For	eman	
16a \	VAS DECEASED EVER IN U	J.S. ARMED FORCES?	16b. SOCIAL SECURITY	NO.	17 INFORMANT	ADDF	RESS	101	Citian	
1	NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	220-18-50	34	Lee G. Raine	√05017 Lee	eds Ava	. 212	27	
	APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, DRAS A CONSEQUENCE OD  DUE TO, PRAS A CONSEQUENCE									
			AS A CONSEQUENCE	ALC: N	DMA-	LIVER				17
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10									
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPE	RATION	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES		H?
	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	E OF DEATH HOUR A	DF INJURY .M. MONTH DAY .M.	YEAR 19	21c HOW INJURY OCCURE	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PAI	RT I OR PART 2)		
MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, I	ETC )	211 LOCATION STREET	CITY OR T	OWN	COUNTY Q 7	5	TATE
	above, (b/(wn) raid)	hospital) ottended live an did not) we the body	6 1987		d that in (my) (our) apinion	death accurred on the a	date and hour	and from the		
	THE SIGNATURE	alher	/		ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	0-8	7
	THE PHYSICIAN'S NAME	(TYPE OR PRINT)			27e ADDRESS	,	,	N		
	BURIAL, CREMATION, REM	NOVAL 23b. DATE	23c NAM	E OF CI	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY		TATE
	(SPECIFY) Burial	1/10/	87 Ceda	r H	ill Cemetery	Brook ly	n Pk.	A.A.	Md.	

21229

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

(VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

25a. DATE REC'D.

BY REGISTRAR 256, REGISTRAR'S SIGNATURE 1987

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## STATE OF MARYLAND

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042090	JAN	29	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE 8 REG. NO	0	1	5 1 3
be 3			CEASED NAME FIRST OR PRINT)  EDWARD		MARION		NEBERGER, SR.	January			26 HOUR 11:00a <sub>M</sub>
may pag		3 SE		4 RACE	-711(1 01)	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY] IF	UNDER I YEAR	IF UNDER 24 HRS
7 67		1	Male	Caucas	sian	Sept	ember 2, 1901	85	YRS MO	NIHS DATS	HOURS MIN
E 43	5%		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	2	D NEVER MARRIED	9 BALTIMORE CITY O	1110	FDEATH	
1/12		L.	Maryland	U.S.A.		WIDOWE		Baltimore	e,		MD.
10:5	1		ry or town of death Baltimore	11. NAME OF I	HOSPITAL, NURSIN H FACILITY, GIVE STREET St. Mich	IG HOME ( address) ael N	ursing Home	120 USUAL OCCUPATION (1) PE OF WORK FOR MOST OF Ret. INS.	ON working life) Agt.	INDUSTRY	Ins. Co.
AND 2120	\$5	13a. S	TATE 136 COU		GIVE RESIDENCE BEFORE 130. CITY OR TOW  Baltimo	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 4800 Seto.	ZIP CODE n Drive	2	1215
MARYLA ed within moletely ood 2 sh	examiner		THER'S NAME FIRST	MIDDLE	Rannebe	raer	15 MOTHER'S MAIDEN NA/ FIRST  Daisy	WE		01an	ad
R. Cut	icol	160 V	AS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADD29	239	123	88 Meriden
OWI NOW	1/		ES. NO OR UNKNOWN) (IF YES. GI	AF MAK OK DATE?)	111-09-	8139	Mr. Edward	M. Ranneber	ger, J.	r. Bal	timore, M
T., BALT	cont. Mg		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	nly ane cause per ED BY: TE CAUSE (a)	SREB	RO	VASCULA	R DISE	3243	BETWEEN	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN The low requires the second completely filled in the security of the this certificate has been significant to be build-itensity permit. Then pies the build-itensity permit. Then pies the build-itensity permit. Then pies the definition of the build-itensity permit. Then pies the pies the prior to be prior	niğy, ar other traume	ION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OI  (c)  CONDITIONS CO		ENCE OF					
AL RECC he low ion. thas been it permit	Lows on	CERTIFICATION	190 DATE OF OPERATION	19b. COND.	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOT	20b IF YES, V IN CERTIFYII YES	NG CAUSES	
OF VIT.  ICIAN 1 g physic entificate iol-trans	lem 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
NO PHYS offendin ter this of the burner of t	rked or l	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME STR	OF INJURY REET FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOV	1.0	COUNTY	STATE
TENDI or TOR. A or use of Heal	21 із то	1	saw the deceased allowed above, (1) (we take all all all all all all all all all al	at New the body	19	8 701	nd that in the part of the punion of	death occurred an the da	mund hour o	nd Irom the	that (1) (worlds)
PITAL OR AT by the hosp LERAL DIRECT to detoched f Stote Dept.	ANT: If Item		22b. SIGNA URE	DR PRINT)	Che		DEGREE  ATTENDING PHYSICIAN DDDRESS	MEDICAL STAF DIRECTOR PHYSIC	F IAN []	22c. DATE 1-19-	-1987
TO HOSPITAL TO FUNERAL should be detected.	MPORT		Howard B. Co				6610 Cross C		Balti	more,	Md.
BP		(	URIAL, CREMATION, REMOVAI SPECIFY) BUrial MELAI DUECLOR	23b. DATE 1/20	/87 M	t. 01:	EMETERY OR CREMATORY  ivet Cemetery  . Market   250 DAT	23d LOCATION CITY OR TOWN Frederick		deric	
DHMH - 16 60M (VRA 15, 4		0	bert E. Dail	& Son F	ADDRESS		cick, Md.	2 7 1087	/ , =		Contraction of the second
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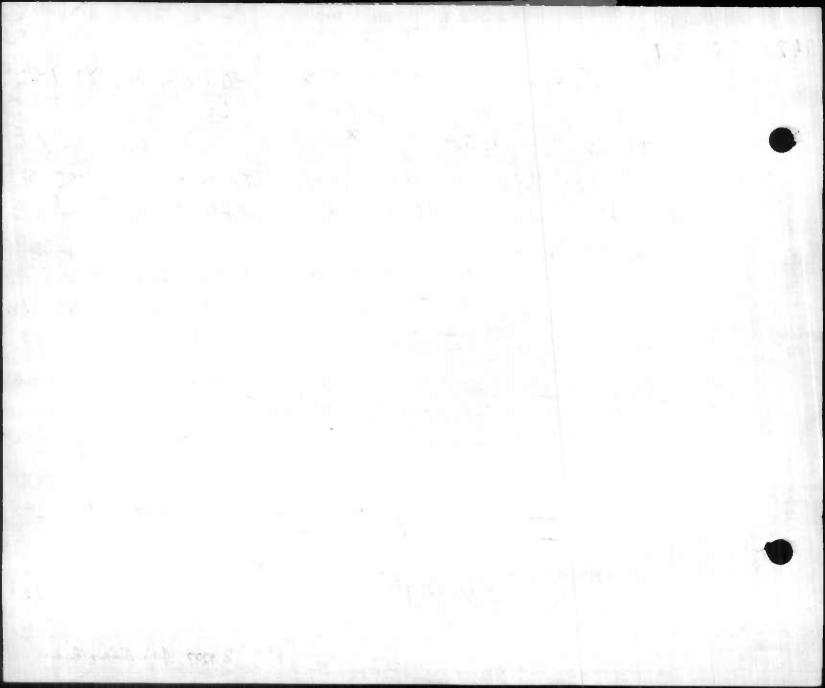


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN I. DECEASED NAME Zb HOUR (TYPE OR PRINT) OF ESTI-IS NIESS ARY, PLEASE PURENT DIRECTOR. FOUR FILES. FOURS TOWN STREET, DEATH MATED ARTIS RAWLINS -7-87 19 6. AGE (IN YEARS | IF UNDER 1 YR. 4 RACE 5 DATE OF BIRTH 7d HOUR IF UNDER 24 HRS. 24. DATE YEAR LAST BIRTHDAY) PRONOUNCED male black 1948 38 DEAD -7 - 87191:29P 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) N.C. S U DIVORCED X WIDOWED L Baltimore City 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION HE NOT IN SUCH FACILITY, GIVE STREET AGORESS FOR MOST OF WORKING LIFE! OR INDUSTRY Real Estate Baltimore 5213 Midwood Avenue WAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 21212 13e STREET ADDRESS I. STATE 13c. CITY OR JOWN 13d. INSIDE CITY LIMITS? 136 COUNTY Baltimore 5213 Midwood Avenue Μd YES K 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Rollins Roy Eva Laughinghous 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 41-74-1575 David R. Rawlins 1037 N. Central No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Seizure disorder IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. 201 RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION MED 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? USED 20 AUTOPSY? E CHIEF BE USED NT OF HE DIVISION OF VITAL CERTIFICATE SHOU SITING THE WORD " EDED TO THE CHIEF YES T NO [ CENTIFICATE SYMINER: THIS CERTIFICATE SI THE CERTIFICATE, WRITING THE WO PAGE SHOULD BE FORWARDED TO THE CO THE CALL DIRECTOR: PAGE 3 SHOULD BE ATTER DEFLICATION OF THE STATE DEPARTMENT AMEN'LAND, 21201 PRIOR TO BU 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 11 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN WHILE AT WORK AT WORK COUNTY STATE Inspection X 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted from: Notural causes Accident Suicide Homicide \_\_\_ Undetermined monner TITLE (SPECIFY) ACTUAL SIGNED -8-87 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. DEPRESS 111 Penn Street (TYPE OR PRINT) 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 1/12/87 Burial Arbutus Mem Cem Arbutus Md 07/84 BP 25M 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR Julia Divideon To **DHMH - 17** 1101 E. North Avenue March F/H (VR A15 ME (5))

STATE OF MARYLAND

1727-27 N. Monras St-

(VR A 15 (4))



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENI
CERTIFICATE OF DEATH

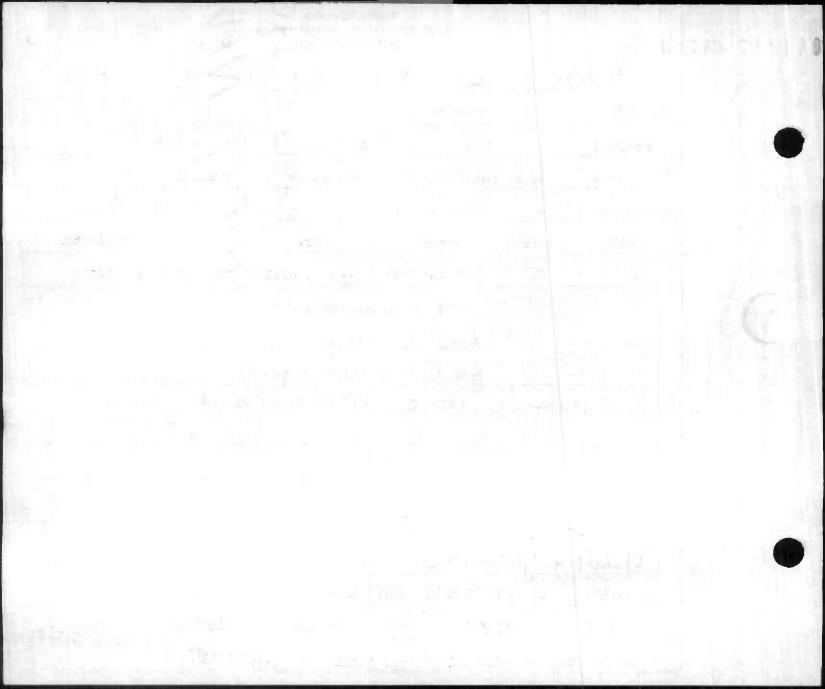
G	01	REGISTRAR		C	TEATE OF PEATE	REG. NO.		
		CEASED NAME OF FIRST OR PRINT) WHITE	MIDDLE	RES	BTOCK	JANUARY MON	ZI87	26. HOUR 6074M
		Eunple	4. RACE CAUCASIAN	5. DATE O		6. AGE (IN YEARS LAST BIRTHDA	MONTHS DATS	IF UNDER 24 HRS
1 7 7		RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76. CITIZEN OF WHAT COUNT USA	RY? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR CO		MD.
)	Pos	ACTIMONE PRATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES: SINM HBS PVI AN	LAT V	SALTIMUNE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Retired		OF BUSINESS OR
1	130 S	albricano,			13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIII 3640 ROLA		iE
		Felix Al	Lfred Howar		15. MOTHER'S MAIDEN NA Mary	WIDDLE	Sappin	gton
		VAS DECEASED EVER IN U.S. AR. EES, NO OR UNKNOWN) (#F YES, GIV	MED FORCES? 166. SOCIAL S TE WAR OR DATES) 218-01	1-2249	Anne K. Dil	ADDRESS low 1725 Wilm:	ington 212	30
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	lly one couse per line far (a), (b D BY: TE CAUSE (a)	), and 101.1 DIO PUL	MONARY ARRU	EST	APPROX BETWEEN	KIMATE INTERVAL ONSET AND DEATH
		Canditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost.	DUE TO, OR AS A CONSE  (b) ACULU  DUE TO, OR AS A CONSE  (c) (LULU)	EQUENCE OF My 02	cardial cinfe	uction		
	NOI		CONDITIONS CONTRIBUTING	na,	B Cevels		a cadet	a.
	CERTIFICATION	190 DATE OF OPERĂTION	196 CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED		b. IF YES, WERE FIND I CERTIFYING CAUSES YES [	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
	MEDICAL	21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) (this hospit sow the deceased alive on		(,-3	a, 1987, 19 87 nd that in (my) (our) opinion	deoth accurred on the date of		that (1) (we) last causes stated
		"Gehile g.	grathesmy	)		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	21-87
		MICHELE .	J. GOTTLIER	1011/		PITAL AT BALT	MORE	
	230. B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 1/24/87		emetery or crematory nd Memorial P	k. Baltimore	COUNTY	aryland

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR
A. Alan Seitz, Jr. 3818 Roland Ave. 21211

250 DATE REC'D. BY REGISTRAR 2514 RECUSTRATES OF THE LAND SECRETARY SECRETAR



BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If hem 21 is marked or hem 18 shows any injury, or other travenance

STATE OF MARY	LAND
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8	REG.	NO.	0		5	1	1
TE OF	DEATH	MONTH	DAY	YEAR	21	HOUR	_

	19-8	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	B REG. N	o. 0	1 5 1	1
1		CEASED NAME FIRST	M	DDIE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOU	R
1	,,,,,,	THOMAS	J	No. Address City, No.		JANUARY 1			
	3. SEX		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTH	DERTYEAR FUNDER	MIN.
	/	Male	White		ch,8,1907	79	YRS		
1		ATTIAND	76 CITIZEN OF V	VHAT COUNTRY? 8 MARRIE	ED NEVER MARRIED	Baltimo Baltimo		DEATH	MD.
5		altimore	(IF NOT IN SUCH	OSPITAL, NURSING HOME ( AFACILITY, GIVE STREET ADDRESS)  Ch Hospital		120 USUAL OCCUPAT (1YPE OF WORK FOR MOST OF Laborer	OF WORKING LIFE) IN		
2	USUA	RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION,		139 INSIDE CITY FIWITSS	136 STREET ADDRESS	/ ZIP CODE	21230 Balto Mo	У
	14 FA	THER'S NAME Daniel	MIDDLE	Redell	15. MOTHER'S MAIDEN NAME FIRST Mary			Parks	
7		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRI	ESS	rd.21061	
	(4)	NO NO OR UNKNOWN)	E WAR OR DATES)	217-01-8884	Mary Schee	ler,7624			Burne
		PART 1. DEATH WAS CAUSE 09:  IMMEDIATE CAUSE (0)  CARCINOMA OF THE LUNG  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0)							
)	CERTIFICATION	190. DATE OF OPERATION		TION FOR WHICH OPERATION		200 AUTOPSY? YES □ NO ☑	20b. IF YES, WEI	RE FINDINGS USED CAUSES OF DEATI	H2
)		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.A	A. MONTH DAY YEAR	21c. HOW INJURY OCCURE				
	MEDICAL	21d. INJURY OCCURRED  WHILE OF WHILE OF AT WORK		EET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO		OUNIY 51	ATE
		220. certify that (I) (this haspi	JANUAR	deceased from DECEN Y 14 19 87., o	IBER 29 19 86 and that in (my cour) opinion	death occurred on the d	ote and how and	from the couses sta	e) lest
		22% 51G ATURE LUNGOCLEOUS *			DEGREE	MEDICAL STA	FF	224. DATE SIGNED	187
		214 PHYSICIAN'S NAME (THE	a front		22e ADDRESS CHUR	RCH HOSPIT	AL COR	PORATION	
-	20	WALKER IMI				ROADWAY BA	LTIMORI	E, MD, 2	1231
		URIAL, CREMATION, REMOVAL  SPECIFY)  BUTIAL	1/17/		Hill Cemt.	Balto.	A.A.CO	Marylan	å
		NIEDAL DIDECTOR	.Md.21	230 ADDRESS	25a. DAT	TE REC'D. BY REGISTRAN	256. REGISTRAR'S		

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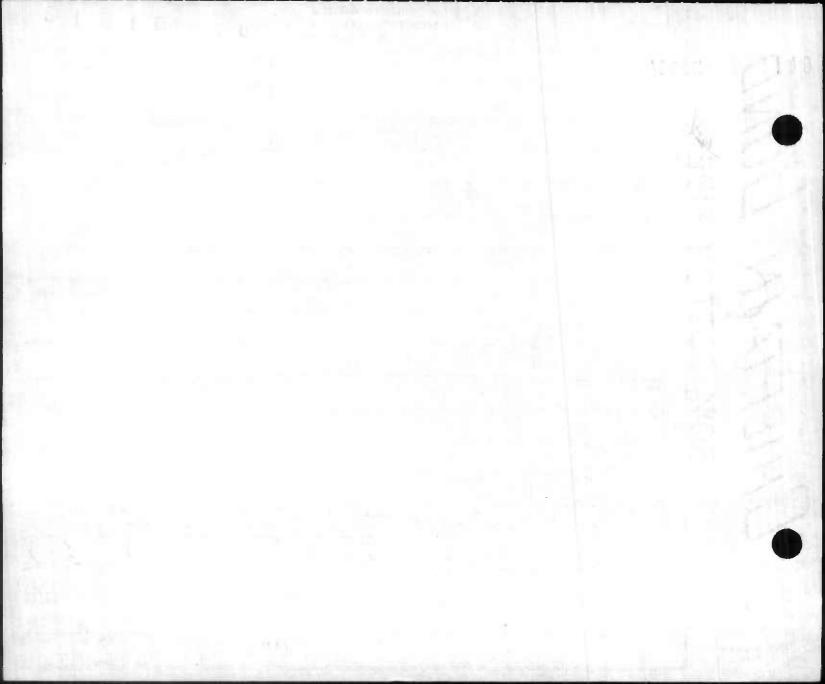
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH RECHSTRAR REG. NO LAST DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR Jeremiah Jeter Redmond 15 187 IF UNDER LYEAR 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 23 HRS Male **Black** YEAR 21 16 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY HPLACE ISTATE OF FOREIGN MARRIED D NEVER MARRIED Baltimore City USA WIDOWED DIVORCED | 12b. KIND OF BUSINESS OR LEITY OF TOWN OF DEATH Flowerton Rd. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Truck Driver Balto. LIAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 1134 INSIDECITY LIMITS? Balto. 3932 Flowerton Rd. YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 1.457 Jeremiah Redmond Mary ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) YES NO OR UNKNOWN) 227-14-3070 3932 Flowerton Rd Willie Vell Redmond APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and ( PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CERTIFYING CAUSES OF DEATH? NOT 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC ) AL WORK 220 I certify that (1) (this haspital) attended the deceased from saw the decrased alive an abave, III (ye) (did) (did nat viin III bi and that in (my) (aur) apinian death accurred an the date and haur and Iram the causes stated 72h 58GNAT DEGREE ATTENDING MEDICAL STAFF PHYSICIAN | DIRECTOR PHYSICIAN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL CREMATION, REMOVAL 236 DATE CITY OF TOWN Burial 1/21/87 Garrison Forest Vet.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm ℃ March F/H West

4300 Wabash Ave.

Owings Mills.



ATTENDING PHYSICIAN, The low requires that the de

TO HOSPITAL

and Mental Hygiene prior to b

APORTANT. If hem 21 is morked or hem 18 shows as

(SPECIFY)

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1		4.
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AN	REGISTRAR		CERTI	TEATE OF BEATH	REG. N	O.				
1.08	EASED NAME FIRST	MIDDLE	0	LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR		
	OR PRINT)	6-	Ro	11		1 2	6 87	10:45 Au		
3.560	14	RACE	5. DATE O	OF RIPTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS		
4.10		A.	MONT	DAY YEAR			INTHS DAYS	HOURS MIN.		
-	F	black.		1 26 87		YRS.		2 35		
		CITIZEN OF WHAT COUNTR	Y? 8.	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY O	F DEATH			
1	COUNTRY) MA				BAL	10 C	1-1	440		
10.0	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL NUR	WIDOWI		12e USUAL OCCUPAT	ION	PIZE KIND C	MD.  OF BUSINESS OR		
10 C	IN OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR		1 -	(TYPE OF WORK FOR MOST O		INDUSTRY	71 003114E33 OK		
D	altimore, /	SINAL	HOSP	Ital						
	AL RESIDENCE (IF NURSING HOME OR OT				L. sances apparen	. 710 0005	1			
A30.5	STATE MA 131 COUNTY		im ove	YES A NO	13e STREET ADDRESS	od Gato	ct	2/2		
14, 17	THER'S NAME			15. MOTHER'S MAIDEN NA		7.0		~ ~ ~ ~		
GASO)	FIRST ME	DDLE LAST	-11	FIRST //-	MIDDLE		LAS	ST		
	JEROME	R	000	VONETTE						
	VAS DECEASED EVER IN U.S. ARME		CURITY NO.	17 INFORMANT	ADDR	ESS				
,	TES, NO OR DINKNOWN)   THE TES, GIVE W	VAR OR DATES!								
-	18 CAUSE OF DEATH (Enter only	and the first of the					APPROX	MATE INTERVAL		
	PART I. DEATH WAS CAUSED	BY:	2 .	. la. Gil	1		BCIWEEN	ONSET AND DEATH		
	IMMEDIATE	CAUSE (a) CAICUO	uspi	LA FILLY FOIL	wa		-			
	and the second	DUE TO, OR AS A CONSEC	DUENCE OF							
	Canditions, if any, which	h. II								
	gave rise to immediate									
	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
	(c) (c)									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
Z										
6	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20s AUTOPSY?	PSY? 206 IF YES, WERE FINDINGS USED				
5							ING CAUSES OF DEATH?			
CERTIFICATION					YES NO	YES		ио 🗌		
8	21a. ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)			
¥	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19							
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		ZII LOCATION						
#	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	STREET	CITY OR TO	NW	COUNTY	STATE		
	AT WORK									
	270-1 certify that (1) (this hospital) attended the deceased fram									
	saw the deceased alive an 19 , and that in (my) (aur) apinian death occurred on the date and have and from the causes stated above, (l) (we) (did) (did not) view the bady after death.									
	22b. SIGNATURE	view the bady after death.		DEGREE			22c DATE	SIGNED		
	- corr	All	•	ATTENDING	MEDICAL STA					
	ammen	4 Much	2		DIRECTOR PHYSIC	JIAN 📗				
- 4	22d. PMYSICIAN'S NAME (TYPE OR P	PRINT		22e ADDRESS						
				- 10.00						
-	BLIDIAL CREMATION EMOVAL	Tan 0 475	- NIAME OF	FMETERY OR CREMATORY	1234 LOCATION	10-				
# 27a	RIDIAR CDESSALION PESSONAL	4 / (b 11A1b								

DHMH - 16 60M 7/84 (VRA 15, 4)

tO ELNERAL DRECTOR: Ath thould be detached for use or with the Store Dept, of Health

FOR STATE

14 FUNERAL DIRECTOR HOSPITAL 248/ WADDELEVEDERE AND

1-28-87 SINGLE HOSPITAL BANGO MAD

STATE

256. DATE REC'D. BY REGISTRAN 256 DEGISTRANS SIGNATURE

PEB 1 1 1987 Julia Dandon Conductor

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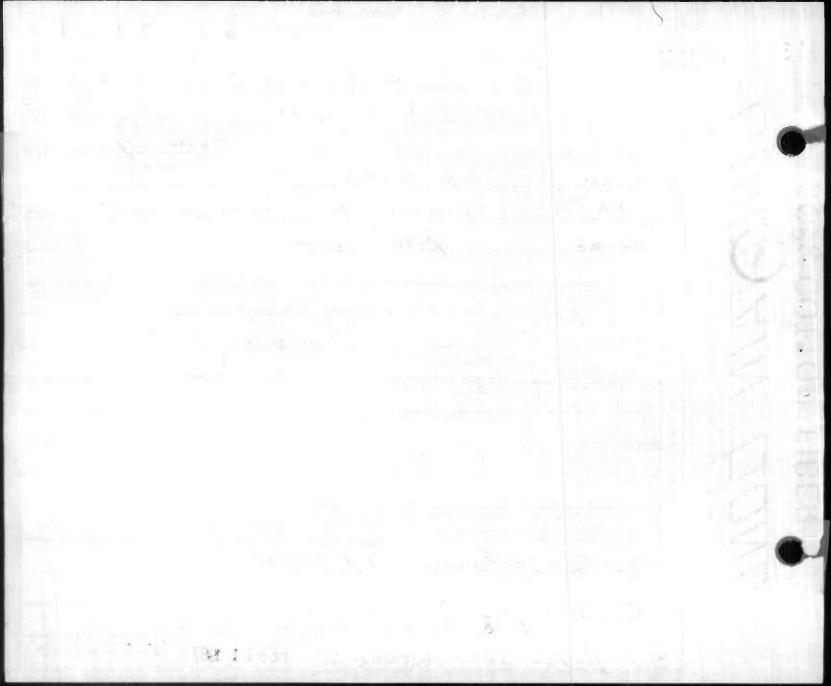
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Burial

24 FUNERAL DIRECTOR

Jan. 11, 1987

Singleton Funeral Home, Glen Burnie, Md.

MEDICAL

JAN 131987

DIRECTOR PHYSICIAN

23d LOCATION
CHYOR TOWN
Glen Burnie

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

STATE

Md

COUNTY

A.A.

Julia Davidson Rudale

# 236 per FA  FOR 1/13/87 Year  N 16-03/ATE 1/13/87 Year					DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 7	0	1 5	20
		CEASED NAME OR PRINT)	Je ss	Willa.		Reed	2ª DATE OF DEATH	Tav. 11	87	26 HOUR
	3. SE)	Male		white	mi	OF BIRTH DAY YEAR YEAR	6. AGE (IN YEARS LAST B	YRS	UNDER I YEAR	HOURS MIN
5	W.	RTHPLACE (STATE OF		U.S.A	MARRIE		Baltin	one 4t	40	MD
7	13	paltimor	a.	(IF NOT IN SUCH FACILITY	Y, GIVE STREET ADDRESS) HOSpite	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST			Chem
3	13a S	MD	136 COUNTY		Sence BEFORE ADMISSION) TY OR TOWN  DUDTIMOSE	13d INSIDE CITY LIMITS?		/ ZIP CODE	t Bal	2/230 hmne MD
E	14. FA	Abrah	am M	DDLE 1	red	15. MOTHER'S MAIDEN N FIRST MA99	MIDDLE		Wh	ite
-		VAS DECEASED EVER YES, NO OR WIKNOWN)		PAR OR DATES)	367 7563	BerthAM.	Leed	SESS SAM	1e 13	45
		PART I. DEATH V	TH (Enter only WAS CAUSED IMMEDIATE	( )	ia), (b), and ici.)	west			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
		Conditions, if any gave rise to im couse (a), stati underlying caus	nmediate ing the	(b)	consequence of Respirator	y failure			10	min
7	CERTIFICATION	h.	ninuted	intravosu 196. CONDITION F	Λ	N WAS PERFORMED	Renal failu- 200 AUTOPSY?		VERE FINDI	NGS USED
9		210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEATH	216. TIME OF INJUING HOUR A.M. M.	RY ONTH DAY YEAR	21c. HOW INJURY OCCU	YES NO	YES [		NO 🗌
1	MEDICAL	AT WORK AT WO	WHILE ORK	21e. PLACE OF INJU	ORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE

Glen Haven Mem Park

DHMH - 16 60M 7/84 (VRA 15, 4)

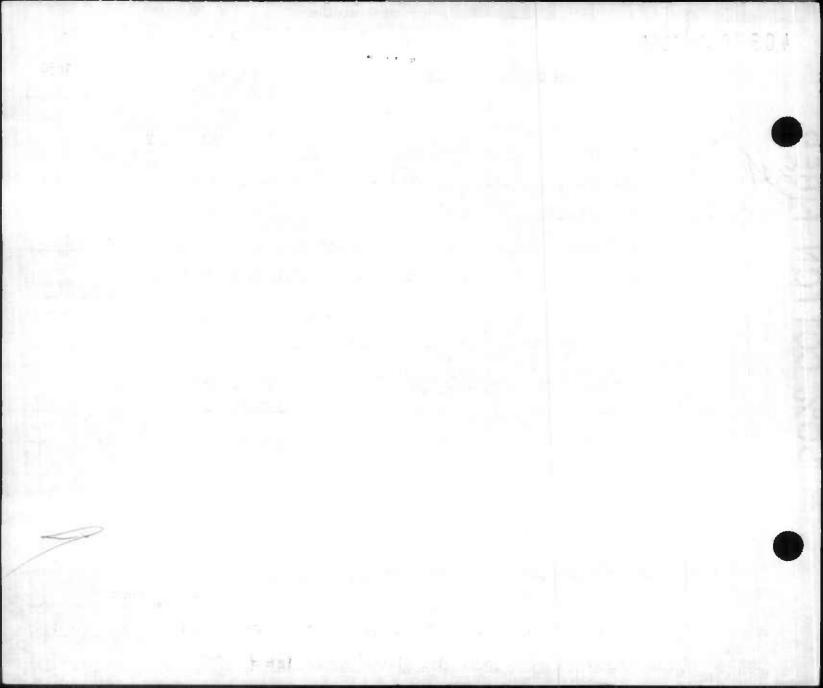
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DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 STATE 76 HOUR 1838 MIDDLE 20 DATE OF DEATH DECEASED NAME CTURE CONTRIBUTE RALPH CORNELIUS REELY 1/6/87 E SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTH YEAR Male White Mar. 15 06 80 BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED TO DIVORCED Maryland NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (JE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY U.S. Government Maintenance TAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE Baltimore St. Agnes Hospital LISE CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore 2526 Tolley Street, 21230 YES X Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Cornelius William Ree lv Dora MAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 219-07-8370 Eleanor Hill, 3116 Hilltop Avenue Yes WW IT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Reugh DUE TO OR AS A CONSEQUENCE OF 16) Obstructive Ovapelt Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last Bladder Courses PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOP YES T 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN HEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDIC AL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME STREET FACTORY, OFFICE, FARM, ETC ) STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram 01 104 abave, (I) (we) (did) (did not) view the bady after death and that in (my) (aur) apinian death accurred an the date and have and from the causes stated 22b SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL 6 81 M. Nali-PHYSICIAN DIRECTOR PHYSICIAN C 224. PHYSICIAN'S NAME (TYPE OR PRINT) ST. AGWS 1 HOSP MOUHTAR NASER , BALL CATON TCD 21278 231 NAME OF CEMETERY OR CREMATORY 73d, LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial 1/12/87 Crownsville VA Cem. Crownsville A.A. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21229 Hubbard Funeral Home, Inc., 4107 Wilkens AVe



filled in by the funeral director, page 3 adult be filed within 72 hours ofter death

injury, or other troumotic event,

Hera 18 shows ony

MPORTANT: If Item 21 is marked a

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STATE OF MARYLAND			
ARTMENT OF HEALTH AND MENTAL HYGIENE	0	1	
CERTIFICATE OF REATH	0		

1-	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 /	0 1	5	2. 2
(TYPE	GEASED NAME Walter	Wi	lliam k	Reinhard+	20 DATE OF DEATH	MONTH DAY	YEAR 87	26 HOUR 22/0 M
3 SEX	male	RACE	S DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR	YRS		HOURS MIN.
(	US A	US A	MARRIE	ED DIVORCED	Baltimore city o	re City		MD
E	altimore City	St. Agne	PITAL, NURSING HOME ( CILITY, GIVE STREET ADDRESS)  B HOSpital  RESIDENCE BEFORE ADMISSION)	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF Machinist		76. KIND OI NDUSTRY	F BUSINESS OR
13a. S Ma	STATE COUNT	TY 13c.	CITY OR TOWN  inth. Heigh	1	13e.STREET ADDRESS		2	1090
1	FIRST	IDDLE	LAST	FIRST	WIDDLE		LAST	
	William VAS DECEASED EVER IN U.S. ARM	NED FORCES? TIAL	Reinhardt SOCIAL SECURITY NO.	Agnes 17 INFORMANT	ADDRE	ss Kn	app.	
		WAR OR DATES)	15-05-5130		inhardt 112		ce Pd	21090
CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS	orfection FOR WHICH OPERATION	N WAS PERFORMED	NAL DISEASE OR CON    200 AUTOPSY?   YES   NO	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES (	GS USED
MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF II	MONTH DAY YEAR	216. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI		OR PART 2)	STATE
×	while AT WORK  220.1 certify that (1) (this haspite saw the deceased alive an		ceased fram 195	25		, 19	/	that (I) (we) last
	abave, (I) (we) (did) (did nor	view the bady after	r death	nd that in (my) (aur) apinian a  DEGREE  ATTENDING PHYSICIAN	MEDICAL STAI	FF _	221 DATES	
	22d. PHYSICIAN'S NAME TYPE OR	man		27e ADDRESS STABNE	Hot sill		<del></del>	
1	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LÓCATION CITY OR TOWN	co	UNIY	STATE
_	Burial UNERAL DIRECTOR	1-16-87	Loudon	Park Cemetary		256 REGISTRAR	SSICNATI	Md.
-	NAME L. Kaufman	5695 Main	St. Elkrid		1 6 1987	Julia Di	rdin	Pudies
				21227				

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After this certificate has been signed by the artinishable detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

(VRA 15, 4)

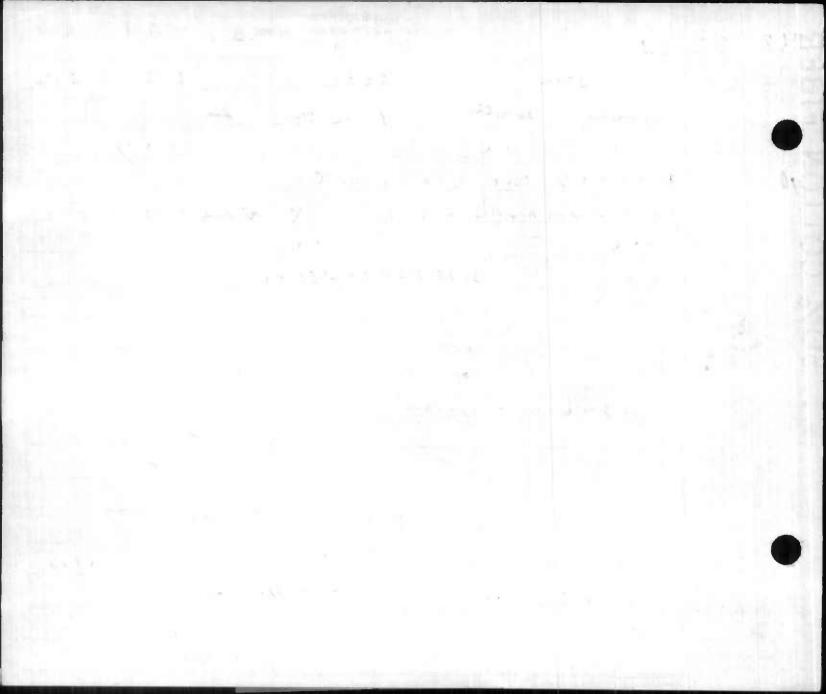
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DHMH - 16 60M 7/84

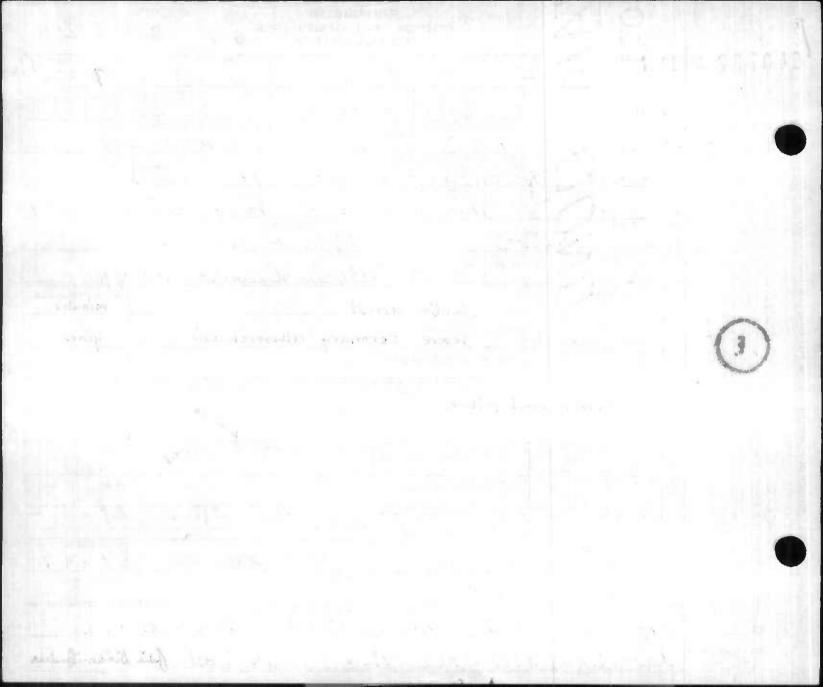
(VRA 15, 4)

LACT	2- DATE	OF DEATH	MONTH	DAV	VEAD	Tak HOI
CENTIFICATE OF PEATIF		REG.	NO.			
CERTIFICATE OF DEATH	ENE 8	1	0	1	2	la
STATE OF MARYLAND		411		,	а	23

FEE 1	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND CERTIFICATE OF		E 8 7 REG. NO.	0 1 5	25
	DECEASED NAME FIRST	MIDDLE	LAST	20	DATE OF DEATH MON	NTH DAY YEAR	26 HOUR
1	John	. Peter	Reitz	_	1	27 87	5:10pm
3.5	SEX	4 RACE	5 DATE OF BIRTH		AGE   IN YEARS LAST BIRTHDA		
	male	White	MONTH DAY	YEAR 294	V 02	YRS MONTHS DAYS	HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9.6	BALTIMORE CITY OR C		
/	Chicago, III	UNUSA	MARRIED X NEVE	R MARRIED U	Raltimore	cita	440
1 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			USUAL OCCUPATION		OF BUSINESS OR
1	Baltimore City	SOUTH BALL	more when	(T)	retire of	rinter US	Governme
US 130	UAL RESIDENCE (IF NURSING HOME OR STATE 138, COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)	CITY LIMITS? 130	STREET AZ BASS / GO		
	naryland Anne	Armder Glen B	WHIL YES E		The second		2176x
10 10	FATHER'S NAME			R'S MAIDEN NAME	244444444	NAVAVAVAVAVAVA	21061
41	PIRST	NA LAST		Unk	NA	LA	21001
160	WAS DECEASED EVER IN U.S. AR	1 17 1	JRITY NO. 17 INFORA		ADDRESS		
2	(YES NOOR UNKNOWN) (IF YES, GIV	I 21757	12277 Love	11 Deitz	7895 6	forder CT	
		ly one couse per line for (a), (b), on				APPROX BETWEEN	OMSET AND DEATH
		E CAUSE (0) Cardinpu	Impray or	rest			
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						
IFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	CONDITION FOR WHICH OPERATION WAS PERFORMED			B. IF YES, WERE FINDI CERTIFYING CAUSES YES \( \square\)	
AL CERTIFI				INJURY OCCURRED	YES NO	ITEM 18 PART T OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	FARM ETC) 211 LOCA STR	TION	CITY OR TOWN	COUNTY	STATE
	220 1 certify that (1) (this hospital) attended the deceased from 1 ~ 2.6 , 19 87 , to 1 ~ 27 , 19 82 that (1) (we) lost sow the deceased alive on 1 ~ 27 , 19 87 , and that in (my) (our) opinion death accurred on the date and hour and from the couses stated obove, (1) (we) (did) (did not) view the body after death.						
	276. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1-17-87						
	22d. PHYSICIAN'S NAME (TYPE O		3 00	RESS 1 S. Ha	noven		
230	a. BURIAL, CREMATION, REMOVAL	236 DATE 23c	NAME OF CEMETERY O	R CREMATORY	23d. LOCATION		
	Burial	Jan. 30,1987 C	rownsville		Crownsvil		MD
4 24	James S. Ki	rkley, Glen Burr	nie, MD		C'D. BY REGISTRAR 256.	REGISTRAR'S SIGNA	TURE



31	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8  CERTIFICATE OF DEATH  REG. NO.	1524
U4 U/ Sugar JAI	10/10	CAR  CAR		87 3.35 M
age 4 ma irectar, pours after	3. SE	FEMALE	COL 3-25-23 63 YRS.	UNDER 1 YEAR IF UNDER 24 HRS
death. P	B	9271MORE MO	4. S. A WIDOWED DOORCED BALTIMORE	City MD.
ors ofter de filed within	8	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (I) NOT IN SUCH FACILITY, CITY STREET ADDRESS)  NORTH CHARLES GEH HOSP  HOME MAILES	
AND 212	130	AL RESIDENCE (IF NURSING HOME OF	NTY 13 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE	-ROAD 21229
ompletely on 2 s	6		MIDDLE LAST MOTHER'S MAIDEN NAME  MARY F. WILZIAMS	LAST
be executed on ond constant of the constant of		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	THEO FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  VEWAR OR DATES) 215 24938 MRS JEANGOUGH 5319 REAL	
ST., BAL		PART I. DEATH WAS CAUSE	nly one couse per line for (0), (b), and (c).) ED BY.  TE CAUSE (0). Cardiac arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  ING PHYSICIAN: The law requires that the confidence be executed within 24 hours oftending physician.  When this certifications been signed the confidence of confidence of confidence of the burich transit permit. Then pleat the and Mental Hygiene prior to burial confidence of the confidence of the medical examinent orked or frem 18 shows any injury, or other transmitter event, the medical examined must be a confidence or frem 18 shows any injury, or other transmitter event, the medical examined must be a confidence or frem 18 shows any injury, or other transmitter event, the medical examined must be a confidence or free or		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF  (b) Severe Coronary atherosclevosis  Due TO, OR AS A CONSEQUENCE OF	years
RDS, 201 equires the signed. Then pleat to burio injury, an	NO	0	conditions contributing to death but not related to the terminal disease or condition give renal failure	N IN PART 110
TAL RECOI	CERTIFICATION	19a DATE OF OPERATION		WERE FINDINGS USED ING CAUSES OF DEATH? NO
N OF VITA  SICIAN: Ti ng physicir certificate urial-transit tental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		IT ( OR PART 2)
DIVISION DING PHYS or attendin After this can the build and Medit	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216. LOCATION STREET CITY OR TOWN	COUNTY STATE
TEND or USE or USE of Heal		saw the deceased alive or	atal) attended the deceased from 12 19 19 19 19 19 19 19 19 19 19 19 19 19	ond from the couses stated
TAL OR AT y the hosp RAL DIRECT detoched to tote Dept.		22b. SIGNATURE	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN   PHYSICIAN	1. 4. F7
HOSPI pined b FUNE puld be th the S		22d. PHYSICIAN'S NAME (TYPE	HUNGAM 270 ADDRESS	
Bb———  5 5 5 4 ₹ ₹ —	23a	BURIAL, CREMATION, REMOVAL	1-9-87 ARBUTUS MEMPH BALTO, CO	COUNTY MO STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME OSEPHLA RUSS	7222 W. ADDRESS ADDRESS JAN 12 1987 July	Dindin Bridge



1.	-1					STATE	OF MARYLAND		
142	1031	1.	FOR STATE REGISTRAR		DEPARTA		ALTH AND MENTAL H CATE OF DEATH	YGIENE 8 7	) 1525
03	1 JAN 29 8		CEASED NAME FIRST	MIDI	DLE	LA	51	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
	oy be	1111	LYLE	L.		RES	COTT Jr.	1	22 87 12:40 Pm.
2	E C.	3. SE	Х	4 RACE		5. DATE OF		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
/	rs off		MALE	WHITE		MONTH 8	25 1916	70 YE	
	Poor Poor		IRTHPLACE (STATE OF FOREIGN	75. CITIZEN OF WH	AT COUNTRY?	8 MADDIED	NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
	merol in 72 h		Connecticut	U.S.		WIDOWED	DIVORCED [	]   Baltimore Ci	
= 1	y the fune ed within	10.0	Baltimore	(IF NOT IN SUCH FA	SPITAL, NURSIN ACILITY, GIVE STREET. LOS HOSP	ADDRESS)	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Photo Engraver.	12b. KIND OF BUSINESS OR INDUSTRY Sunpapers
23	De fin		AL RESIDENCE HE NUR HALL IME	OR OTHER INSTITUTION GIV	E RESIDENCE BEFORE	AOMISSION)			
AND	filled hould by	Ma			Catonsvi		YES NO X	412 Harwood R	d. Catonsville, M
MARY	mpletel ond 2 sexon		ATHER'S NAME  Lyle	L.	Rescot	tt Sr.	15. MOTHER'S MAIDEN	MIDDLE	Grady
E.	dicol		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16	SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	
WO	Pog P				047-10-	4801	Angela Resc	ott Same as 13e	
W. PRESTON S	by the attention 52 common to 5		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	1 16) QU	S A CONSEQUE	relu	tre con	margart. de	3 75
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21;	The law requires th rican.  The hos been signed to sist permit. Then plea giene prior to burial, shows any injury, or a	CERTIFICATION	Diabela 19a DATE OF OPERATION	melli	lus	any	WAS PERFORMED	YES NO IN CE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES  NO
OF VIT	phys phys phys of Hy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ( (IF EITHER, NOTIFY MEDICAL EXAMIT			AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	A 1B PART T OR PART 2)
VISION	G PHYSIC ottending ter this cer s the burio ond Ment rked or lter	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF	INJURY , FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
٥	pital or TOR: Afi for use o of Health		220.1 certify that (I) (this how saw the deceased alive abave, (I) (we) (did) (did			87 and	that in (my) (aur) opini	8, to 1 - 2 co	hour and from the causes stated
	OR A he hos DIREC oched Dept. If Hem		276. SIGNATURE	0-00-	a. A.A.	0	EGREE ATTENDING		1-23-87
	FUNERAL UIG BE det uid be det uit the State ORTANT:	1	22d. PHYSICIAN'S NAME (TYP	Christin (	per ( M	·D.	PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSICIAN	1-25-6/
	OR SHEET		Dr. Laurence	R. Gallas	ger		St. Agnes	Medical Center	Baltimore, MD.

23c NAME OF CEMETERY OR CREMATORY

Meadowridge Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

<sup>24</sup> FUNERAL DIRECTOR</sup> 1630 Edmondson Ave. Catonsville, Md. 21228 Leroy M. & Russell C. Witzke Funeral HOme

1/26/87

23b. DATE

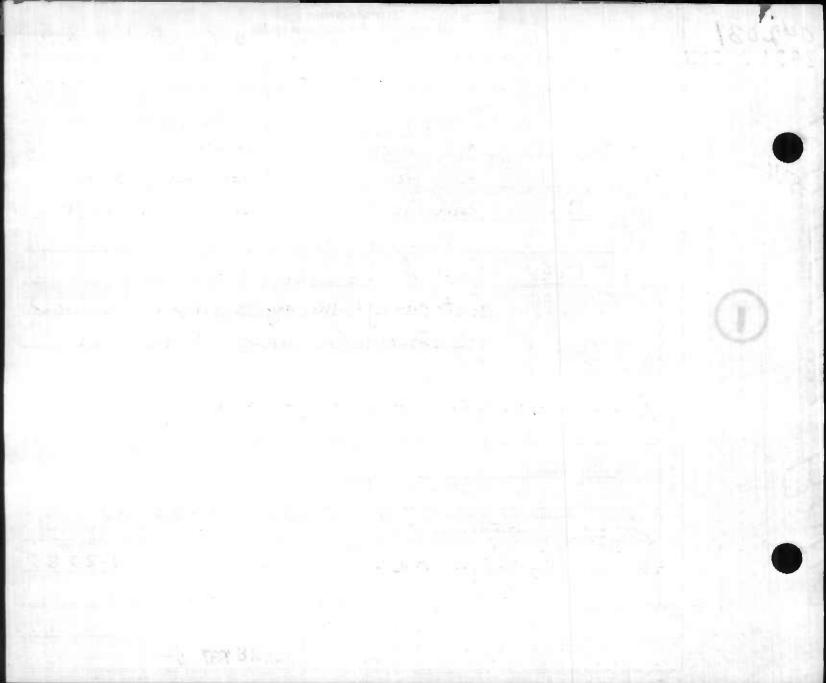
230 BURIAL, CREMATION, REMOVAL Burial

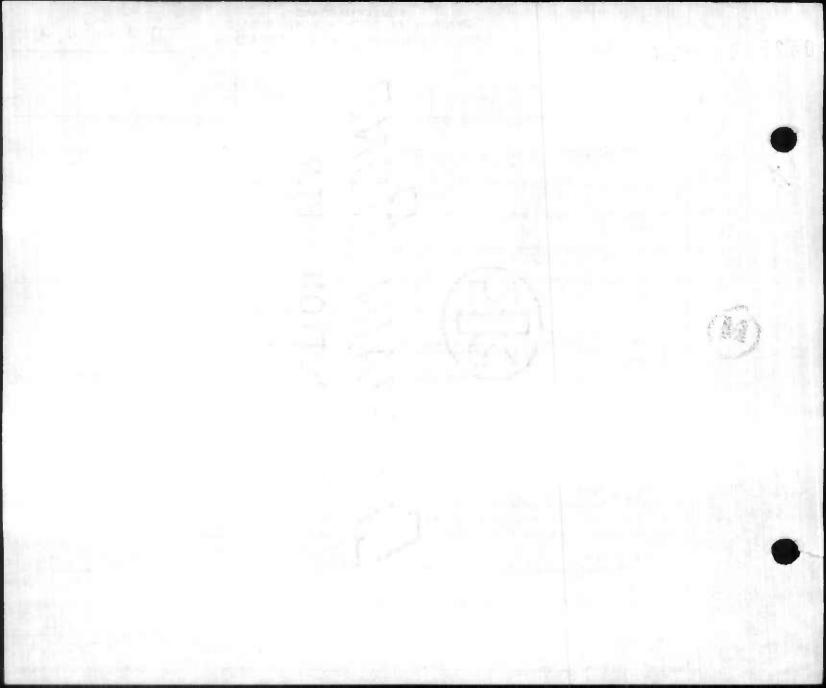
Dorsey 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE JAN 28 1987 Julia Davidson Rand

COUNTY

Md.

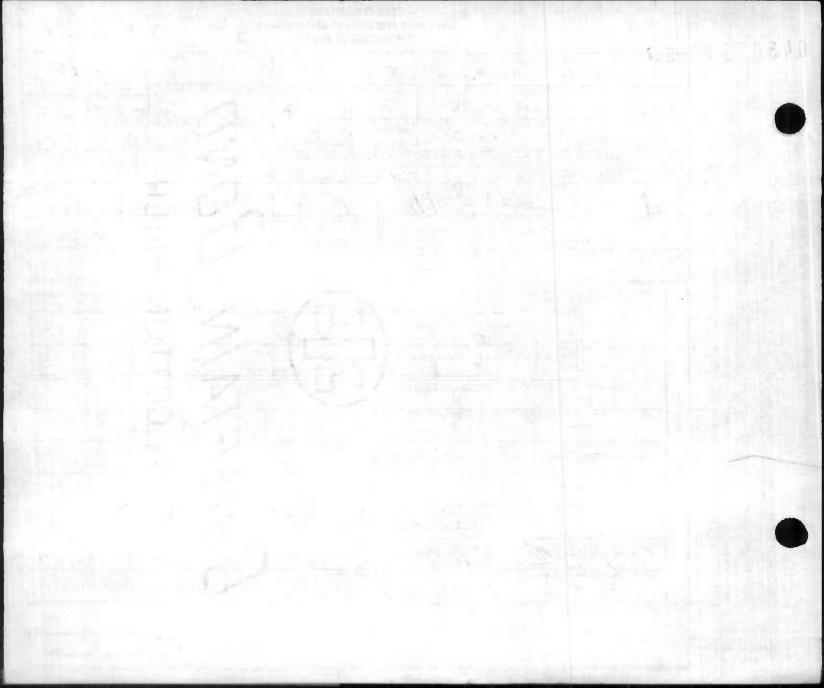
23d LOCATION CITY OR TOWN





7.5 FER	FOR STATE REGISTRAR	C	STATE OF MARYLAND T OF HEALTH AND MENTAL HYC ERTIFICATE OF DEATH	REG. NO.	0 1 5 2 7
	BASY 61	RU(nom MARTINA)	SEYES	2a. DATE OF DEATH MON	20 87 858
The last	Femalo	BLACK	MONTH DAY YEAR TO ST		YRS. MONTHS DAYS HOURS M
33	MARY LAND		DOWED NEVERMARRIED	BALTIMORECITY OR CO	ORE CITY
3	BATIMORE	NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR FRANCIS SCOTT KI	ESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	PRKING LIFE) 12b. KIND OF BUSINESS INDUSTRY
3/	TALL PER DENCE IT HOSE COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM	YES YES THE LIMITS?	130 STREET ADDRESS JIF	offord Ave
300	FATHER'S NAME	MDDLE LAST	15. MOTHER'S MAIDEN NA FIRST MARTINI	904 NandMont	ford Ave. 21205
16	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN)   ] IF YES, GI	RMED FORCES? 166 SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESS	4
to buriol, cramphon, or remo	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE  DUE TO, OR AS A CONSEQUENCE  DUE TO OR AS CONSEQUENCE  CONDITIONS CONTRIBUTING TO DEA	of Dabort	AINAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
Aygiene prior to the shows ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY? 200	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
or Hem 1	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED		YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN I	IIEM 18 PARI I ORPARI 2)  COUNTY STATE
21 is morke	220 I certify that (I) (this hosp	ital) attended the deceased from	1/20 19 8	E, to Use death occurred on the date o	20, 19 <b>X</b> , that (I) (we) and hour and from the couses stated
with the State Dept.	22d PHYSICIAN'S NAME LIVE	HARRIS M	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	- 11
3 ≥ 23	BURIAL, CREMATION, REMOVAL (SPECIFY)  Removal	1-29-87 23c. NAM	E OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
60M 7/B4	FUNERAL DIRECTOR NAME Anatom	y Board Ba	lto., Md. FE	B 4 0 1987	REGISTRAR'S SIGNATURE

Balto., Md.



		FOR STATE				MENT OF	HEALTH	ARYLAND AND MENT	4.4		0	1	5 2	8
		REGISTRAR CEASED NAME	FIRST	14	MIDDLE	AMMIN	EK 3	LAST	TE OF DE		REG. NO.	MONTH	DAY	EAR Zh HOI
3 0,1 7, FEB		EOV PRINT!	Ronald	d i	Louis		Reyn			OF	ESTI- MATED	1/		87
RECEION	J. 587	7 1	RACE	5. DATE OF BIR	ГН	6. AGE (IN YE	ARS IF UN	DER TYR. IF U	NDER 24 HRS	2c. DATE		MONTH		YEAR 24 HO
NZSEE P	M:	ale	White	8 1		36 YE	· monn	HS DAYS HO	URS MIN	PRONOU! DEAL		1/	30/19	87 P
THE SECOND SECON	7a B	RTHPLACE (STATERED COUNTRY) Marylan		76. CITIZEN OF		TRY?	8. MARR	NED NEVER	MARRIED [		timore	-	TY OF DEAT	
PAGE S	1	TY OR TOWN O Balti	more	913 N	· Charl	es St.		ER INSTITUTION	FOI	Jual occu	PATION (TYPE	OF WORK		OF BUSINESS OUSTRY
AND 3 TRETAIN RETAIN RECORD	113a S	AL RESIDENCE (IF TATE Aryland	13b COUNT	R OTHER INSTITUTION	13c. CITY	OR TOWN		13d. INSIDE CITY LIV YES X N	MITS?   13e. ST	REET ADDR	ESS Charle	es S	t. 21:	202
RE. MD.		John	L	MIDDLE	Re	ynolds	3	15 MOTHER'S FRST	MAIDEN NAM	E ,	abeth		Powe	
AFTER D AFTER D HIVE PAG HIVE PAG HIV PAG	16a. V (Y	VAS DECEASED ES, NO OR UNKNOW	EVER IN U.S. ARM	NED FORCES?		IAL SECURITY		D.E.Rey	•	7 Aco	ADDRESS orn Cir	. 21	204	
DRDS, 201 W, PRESTON 5 EXECUTED WITHIN 24 H BING" IN PENCIL IN TEM PURITE EXAMINER ALON' A BÉRRAL TRANSIT PEN H AND MENTAL HYGIEN MATICIN, OR REMOVAL	2	Conditions, gove rise cause (a) si lying cause	, if any, which to immediate tating the <u>under-</u>	CONTRIBUTING TO DEA	OR AS A CON	Chr SEQUENCE O	CONICONICONICONICONICONICONICONICONICONI							
0	10	Arter	iosclero	tic Caro	diovasc	ular [	)i.sea	SE AS PERFORMED					1	
SHOW THE SHO	CERTIFICATION					VHICH OPEK		78					20 AUTC	
ON O	CAL CB		OR G CAUSE OF D	HOUR A	OF INJURY A.M. MONTH P.M.	19		OW INJURY OCC	CURRED (ENTER	NATURE OF IN	JURY IN ITEM 18 PA	RT I OR PA	RT 2]	119
DIVIS WINTIN WRITIN WRITIN WRITIN WRITIN AGE 3 ST AGE 3 ST ATE DEP	MED	21d INJURY OC WHILE AT WORK	CORRED NOT WHILE TO AT WORK		E OF INJURY FACTORY, FARM, ET			CATION		CITY OR TO	)WN	co	YINIY	STATI
DICAL EXAMINEE: 1 TE THE CERTIFICATE, 1 SHOULD BE FORW WEAL UNRECTOR P. CATH, WITH THE ST, CORE, MARYLAND, 2	C. C. C.	death reuited	that I see harge	confin II	Accident		Autap	y X, Ins Homicide TITLE (SPECI D. Chie	FY)	Inquiry	anner .	DATE		1/31/87
PAGE TO FUI	23a, B	(TYPE OR PRINT	ON, REMOVAL 23	ohn E.				ADDRESSR CREMATORY		nn St	•			

07/84

25M

DHMH - 17 (VR A15 ME (5))

Cremation

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212

2-2-87

231. NAME OF CEMETERY OR CREMATORY Greenmount

23d LOCATION
CITY OR TOWN
Baltimore City

Maryland

And the State of t

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042518

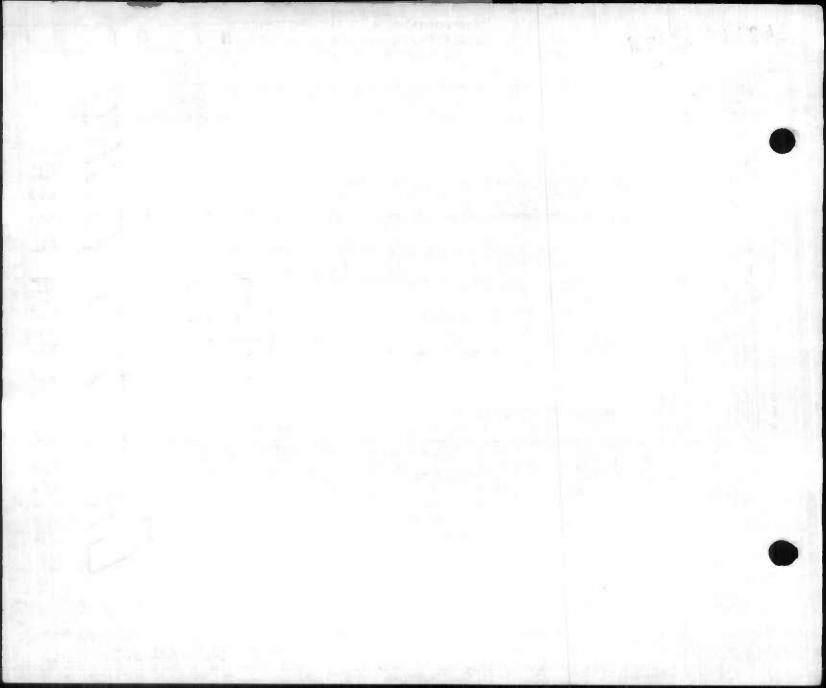
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

D.	FOR STATE? REGISTRAR			DEPART		EALTH AND		GIENE 8	7 REG.	NO.	!	3	2	1
	CEASED NAME	FIRST	M	IDDLE	L.	AST		20. DAT	OF DEATH		DAY	YEAR	2b. HOU	IR
TYP	E OR PRINT)	ROBERT	T	7	R	THEHAL	P. P.			01	29	87	23	
3 SE	X	T4	RACE	· La	5. DATE C	FBIRTH		6. AGE	IN YEARS LAST		-	ER I YEAR	IF UNDER	-
	37. 3	1			MONTH		YEAR				MONTH	DAYS	HOURS	Γ
3 - D	Male		Whi		2 0	4	30	O DALTI	56	YRS OR COUN		EATH		_
	COUNTRY)	OR FOREIGN /b.	CITIZEN OF V	VHAT COUNTRY	MARRIE	X NEVER	MARRIED -	7. BALII	NOKE CIT	OR COUN	IT OF D	OTI		
2	Pa.		U. S	S. A.	WIDOWE		VORCED [		OA 14	10001		6.6	4	
10 C	ITY OR TOWN OF D	EATH 11		OSPITAL, NURSI		R OTHER INS	TITUTION		AL OCCUPA	ATION ST OF WORKING		KIND OF	F BUSINE	S
I	DALTIM	ore	51.	Hanes	= He	50i4	A		stem		alws			
	AL RESIDENCE (IF N	URSING HO AE OR OT		GIVE RESIDENCE BEFOR		121 MICIDE C		-		S / ZIP CO				M
130.	Md.	Balto		13c. CITY OR TOV		13d. INSIDE C	NO D	97		dwoo		i m	#2	
14. F	ATHER'S NAME	TBalto	1	atonsv	TITE	15. MOTHER			101	d WOO	a C	Ur.	#2	1
7	FIRST	MIC	DDIE	LAST			FIRST		MIDDLE			LAST		
14	Paul	E PALLIC ADDITION		hineha		-	lary		H	DECC			tri	
	WAS DECEASED EV YES, NO OR UNKNOWN)	(IF YES, GIVE W		166 SOCIAL SEC	URITY NO.	17, INFORMA	W 911	Fore	wood	Cir	Ba	alto	. ,	M
	Yes.	Kores	an	78-22-	9008	Mrs.	eann						228	
ATION	PART 2. OTHER SI	ARY b	UPPES	NTRIBUTING TO	e84,1	repen	+0,	Ren	1	nsut	40	PART 100	3	
CERTIFICATION	DATE OF OPER	(ATION 'S	OB-CONDII	ION FOR WHICE	N OPERAJIO	V WAS PERFO	KMED	YES [	_ ~/			CAUSES		ľH'
	210. ACCIDENT WAS I OR CONTRIBUTING [ (IF EITHER, NOTIFY M	CAUSE OF DEATH	21b. TIME OF HOUR A.M P.M	A. MONTH D	DAY YEAR	21c HOW IN	IJURY OCCU	IRRED (ENTE	R NATURE OF I	NJURY IN ITEM 1	8 PARTIO	R PART 2)		
MEDICAL	21d INJURY OCCU	JRRED WHILE ORK	21e. PLACE C	OF INJURY ET, FACTORY, OFFICE,	FARM, ETC }	21f LOCATI			CITY OR	NWOT	CC	OUNIY	5	TAI
	ODOVE, ANIME	(# (this haspital ased alive on (did) did not) v	JANUAR	4 09 19	87/24	d that in (any)	(our) opinio	n death acc	urred an the	dote and h	our ond		hat the	507
	22b. SIGNATURE	ilare	J.	ocha	M		ATTENDING PHYSICIAN	MEDIC DIRECT		TAFF SICIAN	2	2c. DATE	SIGNED	3
4	-		DINT			22e ADDRES	S			7			1	-
	22d. PMYSICIAN'S BATZ	NAME (TYPE OR PE	Soc	hA		901	O Cp	Non	ANG	ZE	AF	tin	200	6
	BARZ) BURIAL, CREMATIO	ASTAC	1		NAME OF C	901 EMETERY OR	OCA		AUE	P	TAG	tin	000	9
	BARZI BURIAL, CREMATIO (SPECIFY)	ASTAC	Soc	23ε.		907 EMETERY OR	CREMATORY		AUE DCATION CITY OR TOWN	P	1AC	H IN		-
	BURIAL, CREMATIO (SPECIFY)  BURIAL UNERAL DIRECTOR	N, REMOVAL	23b. DATE 2-2-8	7 L	orrai	900 metery or ne Pk	CREMATORY			ARTH BA	COU	HIY N	700	-
24 F	BURIAL, CREMATIO (SPECIFY)  BURIAL UNERAL DIRECTOR	ASTAC	23b. DATE 2-2-8	23ε.	orrai .Nat	900 metery or ne Pk	CREMATORY			AR PURE	COU	NIV		MATA

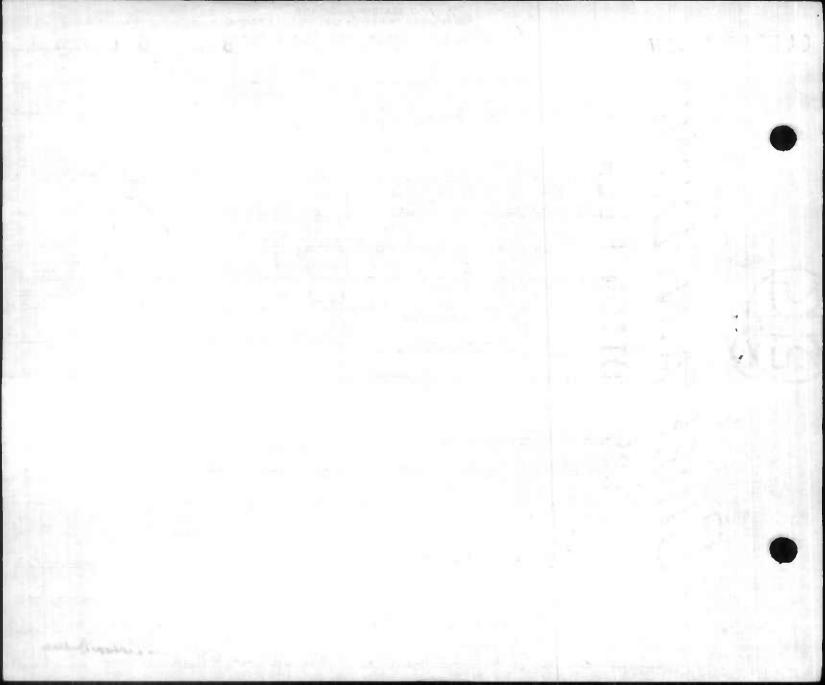
DHMH - 16 60M 7/84 (VRA 15, 4)

F SELECT IN ... I LETER

0101	1	FOR			ATE OF MARYLAN		
042449	Es.	STAJE REGISTRĀR	ME			CATE OF DEATH	REG. NO 1 5 3 U
10,	1. DE	CEASED NAME FIRST		MIDDLE (ANTO	NIO) LAST	2a. DATE KN OF E	
23.5.8.1.	(11)	E OR PRINT) MART	INEZ	Α.	RHODES	OF E DEATH M.	ATED 1 26 1987 A
A SE DE LE COMP	3. SE	4 RACE	5. DATE OF BIRTH	& AGE (IN	YEARS IF UNDER 1 YR.	IF UNDER 24 HRS. 2c. DATE	MONTH DAY YEAR 28 HOUR
DIRECTOR SOUR	MA	LE BLACK	5 3 PAY	6 I 25	YRS.	HOURS MIN. PRONOUNCE DEAD	D 1 26 1987 A M
FORSARY, PLEASE NEED DIRECTOR. OR YOUR FILES. HIN 72 HOURS		RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	8. MARRIED   NE	VER MARRIED X 9 BALTIMOR	ECITY OR COUNTY OF DEATH
D2203	MC		US	Α	WIDOWED	DIVORCED   Baltir	more City MD
A SHEET OF THE STATE OF THE STA	10. C	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL NURSING HOA	ME. OR OTHER INSTITUT	12a, USUAL OCCUPAT FOR MOST OF WORKING	ION (TYPE OF WORK 126 KIND OF BUSINESS
402 mg		altimore AL RESIDENCE (IF IN NURSING HOM	Johns	Hopkins Ho	spital	DUNKIN DOU	GHNUTS
H. IF ANY DELAY BYEE H. J. AND 31 OTHERM M. 3. RFIAIN PAGE 5 5.3 SHOULD BE FILED TAL RECORDS, 70 W.	13e. S	TATE 136, COL		13c. CITY OR TOWN	13d. INSIDE CI		21205
3. P. A. S. P. S.	MC	ATHER'S NAME		BAL TO.	YESLX	NO 701 N. RO	SE ST.
AND	1	FIRST	WIDDIE	LAST	FI	IRST MIDOL	
- 4 - 4 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	16a. \	RNIE VAS DECEASED EVER IN U.S. A	RMED FORCES?	RHODES	ITY NO. 17 INFORM	THEA	ALLEN
SAFTER DEATH. IF OVER PACES 1. 2. TH FORM PM. 3. RACES I AND 3 SI VISION OF VITAL	LNC	ES, NO, OR UNKNOWN) (IF YES, GI	VE WAR OR OATES)	216861289		HEA RHODES 2502	
1 4 5 Z Z G	-INC	18 CAUSE OF DEATH (Enter	anly ane couse per lin		LDUREI	HEA KHUUES 25UZ	APPROXIMATE INTERVAL
A ST.		PART I DEATH WAS CAUS	SED BY		and to head	(handgun)	BETWEEN ONSET AND DEATH
ESTOR NOVAGE		IMMED	1112 611002 (0)	R AS A CONSEQUENC		(Horiagail)	
THIN THE WANS		Canditions, if any, which					
W. WENNER WANTE		cause (a) stating the unde	<	R AS A CONSEQUENCE	OF		
CUTED VIN PER PLANT IN PER			(c)				
NER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 CATE, WRITING THE WORD SPENDING" IN PERFORM REDEAS. WATHING THE WORD SPENDING" IN PERFORM REDEAS. EXCHINER A OWN. PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMITTER DEPARTMENT OF HALTH AND MENTAL HYGIENE, AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	PART 2 DTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE DR CONDITION	GIVEN IN PART T :0	
RECO JID BE PENDI PENDI HEALT	CERTIFICATION	19a. DATE OF OPERATION	TISE COND	ITION FOR WHICH OP	ERATION WAS PERFOR	MED2	20 AUTOPSY?
SHOU ORD " CHIEF TOF H	IFIC						
A OF VITA  CATE SHO HE WORD THE CHILD BE US TAKENT OF TO BURLY	HE	210 EXTERNAL CAUSE WAS	21b. TIME C		21c. HOW INJURY	OCCURRED (ENTER NATURE OF INJURY	27
NO THE OUT THE SET A	N N	UNDERLYING OR CONTRIBUTING CAUSE O		M. MONTH DAY YE. $1-25-19$		licted	
CERTIFIC CERTIFIC TITING TH DED TO TO 3 SHOU DEPARTA	MEDICAL	216 INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,	21E LOCATION STREET	CITY OR IOWN	COUNTY STATE
HIS CARDIA ARE 1201	>	WHILE NOT WHILE AT WORK	IX STREET, FAC	house		ose St. Balto.	MD
ATE, TATE, ORW		22e I certify that I to 1	rge of the remains de	escribed above, held an	Autopsy X.	Inspection . Inquiry	and in my apinion
EXAMINE CERTIFICA CERTIFICA CERTIFICA DIRECTOR WITH THE WARYLANI		death resulted from	ruin coursey []		buicide X, Hamici		и 🔲.
EXA DILD JUD WITH WAR		/ / //	de P &	one	TITLE (SF		
SHOUND WATER		SIGNATURE	11/	1.	M.D. ASS.	istant MEDICAL EXAMINE	R SIGNED 1-26-87
WOE STEE	1	EXAMINER'S NAME Ch	arles D/K	okes, M.D.		111 Penn St., Ba	alto., MD 21201
TO MEDICAL EXAMINER: THIS CENEURE THE CENTRICATE, WRIPAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201	72n B	(TYPE OR PRINT) CITE URIAL, CREMATION, REMOVAL			ADDRESSADDRESS		ITCO., PID ZIZUI
	- (:	PECIFY)				CITY OR TOWN	COUNTY STATE
07/84 BP	24 F	RIAL UNERAL DIRECTOR	1/31/87		W CEMETERY	BALTIMORI 250. DATE REC'D. BY REGISTRAR	REGISTRAR'S SIGNATURE MD
DHMH - 17 (VR A15 ME (5))	МД	RCH FUNERAL HOL	ADDRES			JAN 30 1987	Julia Devidern. Randisea



	CEASED NAMI	FIRST	MIDDL	LE	LAST	CATE OF	70. DATE KNOWN		YEAR 75 HOU
	PE OR PRINT]	Ida		М.	Rickar	rd.	OF ESTI-	_	19 87
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В	ny or town altimor	e /	II. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G Francis Sco	tt Key Me	edical Cer		120 USUAL OCCUPATION (TV FOR MOST OF WORKING LIFE) Secretary	OR	of Business industry Of Md.
3a. S	AL RESIDENCE	(IF IN NURSING HOME OR OF COUNTY Balt	OTHER INSTITUTION, GIVE RESID	ENCE BEFORE ADMISSION CITY OR TOWN	N) 13d. INSIDE (	CITY LIMITS?	13e. STREET ADDRESS 3457 Yorkwa	y 212:	22
14. F	ATHER'S NAME AMES W		MIDDLE	LAST	15 MOTH	ER'S MAIDEN	NAME		LAST
160.		EVER IN U.S. ARME	AR OR DATEST	SOCIAL SECURITY	NO. 17 INFOR		ADDRES	SS	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

42555 FEB-	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL	HYGIENE 8	REG. NO.	0 1	5 3	2
oge 3 death		CEASED NAME OR PRINTI	RAYA		A.	(Ri	DGLEY)	20 DATE C	FDEATH MO	NTH DAY YE	7 4	-50 PM
4 may	3 SE)	MAle	4 R	Blac	2	5. DATE C	DAY YEAR		YEARS LAST BIRTHDA		YEAR IF UND	DER 24 HRS S MIN.
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E. MARY	)	Frank VAS DECEASED EVER II	MIDD		Ridgely		17. INFORMANT		ADDRESS	-	LAST	
BALTIMOR cate be essent spers. Puge on the weding	()	YES NO OR UNKNOWN)	(IF YES, GIVE WA	R OR DATES)	218-03-	-1059	Sarah Rid	lgely 152			Apt.	
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DIVIS ATTENDING F sipping or other red for one as thus t of Health and m 21 is marked	W	while NOT while AT WORK  22a. I certify that (I) ( saw the deceased above, (I) (iii) (di	this hospital)	attended the	deceased from	86. ar	12 9 19 d that in (my) (access) ap	& 6., ta_ inion death occurr	1/2		n the causes	
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TO HG retain	23a. B	URIAL, CREMATION, R SBURIAL	EMOVAL 2	36.10/150/	87	NAME OF C	EMETERY OR CREMAT		ATION Y OR TOWN	COUNTY	Table?	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

1/30/87

23c. NAME OF CEMETERY OR CREMATORY Garrison Forest VA

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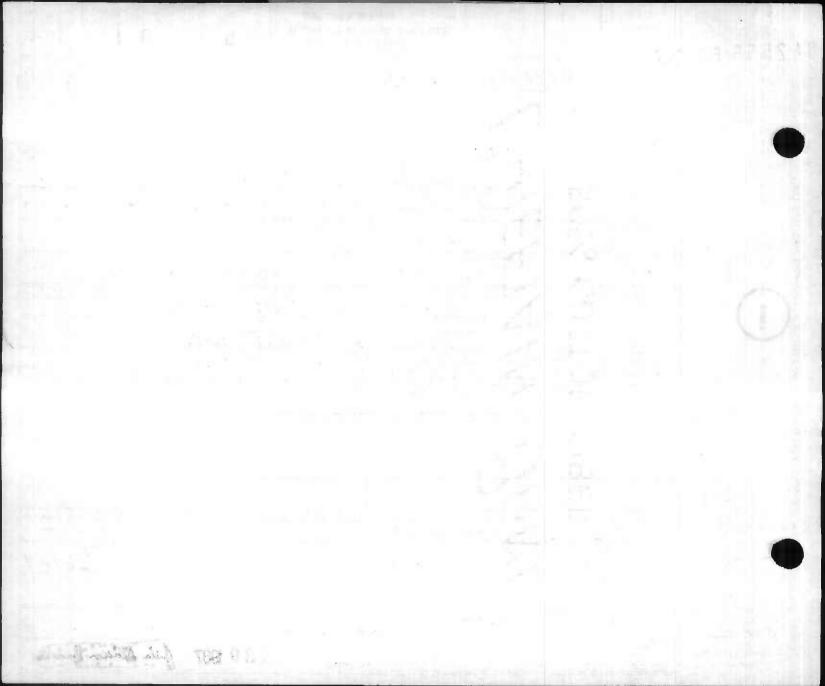
24. FUNERAL DIRECTOR

1101 East North Avenue March Funeral Homes

VA OWIN gs Mills

250. DATE REC'D BY REGISTRAR

JAN 2 9 1987



STATE	OF MA	RYLAND
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041395 1	M 2	11 8	EOR STATE REGISTRAR	DE		H AND MENTAL HYGIE TE OF DEATH	ENE 8 7	0	1 5	3 3
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DIVISION OF VITAL RECORDS, 201 W.  CHOSPITAL OR ATTENDING PHYSICIAN. The law requires than sharings by the housing an estimating abjection.  TO FUNERAL DIRECTOR: After this certificate has been launged by inhald be detailed for use as the busistional permit. Then place with the State Depth of Health and Mental Hygene prior to busing the MODISTANT. If then 21 is marked on them 18 above one injury, or other	79	MEDICAL CERTIF	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  228.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did nat 22b. SIGNATURE  22d. PHYSICIAN'S NAME (1)	TH HOUR A.M. MON' P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY.  101) attended the deceased to view the bady after death	office, FARM, ETC.)  19  OFFICE, FARM, ETC.)  1977  1977, and tho	ATTENDING.	city OR 7.	OWN  7 19  dote and hour a	COUNTY	
0		23a B	SURIAL, CREMATION, REMOVAL BURIAL	236 DATE 1/22/87	23c NAME OF CEMET	ery or crematory n Park	23d LOCATION CITY OF TOWN Baltimor	e City	OUNTY	STATE
DHMH - 16 60M 7. (VRA 15, 4)	/B4	24 FL	uneral director tchell-Wiedefel	AF	6500 Yo	rk Rd. 250 DATE	REC'D. BY REGISTRAL	R 256 REGISTRA	R'S SIGNATU	JRE JRE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.					

1 -	REGISTRAR				CERTIFI		REG. N	10.		
DEC	EASED NAME	FIRST	MIDDL		LA	ST _	2a DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		George	C.		Riley	Jr.	January	3, 1987		
. SEX	Male	4	White		NOV.	3, 01924 YEAR	6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 I
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	MA. THER'S NAME	13b COUNT	DDLE	Baltimo	re	13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NA	13e.STREET ADDRESS 4643 Har		oad 2	
	Georg			Rilev S	n	Catheri		Now	bert	1
	AS DECEASED E	VER IN U.S. ARM	ED FORCES? 166	SOCIAL SECURI		17 INFORMANT	ADDR		DET	
[4	yes yes	M) (IE ART CHAE.	ZAR OR DATES)	219-18-8	812	Mrs. Hilda E	. Riley Sa	me		
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the Uterdunt should be detached for use as the burial-transit permit. Then please refliction with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ren IMPORIANT: If them 21 is marked or them 18 shows any injury, are other traumatic ex

ATTENDING PHYSICIAN: The law

TO HOSPITAL

BP.

retained by the haspital ar attending physician.

FOR

# director, page 3

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within 24 hours

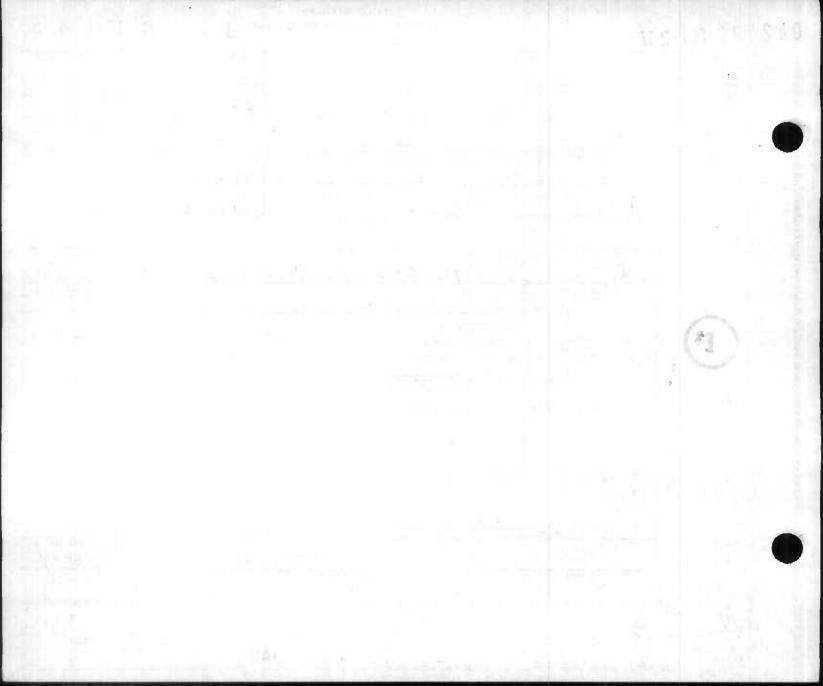
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#### STATE OF MARYLAND

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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042489 F	EB	P STATE REGISTRAR					ALTH AND MENTA		0 /	EG. NO.	0	1 5	3 5
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ad.		I. SEX		RACE		S. DATE OF			AGE IN YEARS		r) IF I	UNDER 1 YEAR	IF UNDER 24 HRS
ge 4		Mala	8. 110	Cuc		MONTH /	4/190	4/ 5	32		YRS. MON	VIHS DAYS	HOURS MIN
Poor Hour	3		OR FOREIGN 76.	CITIZEN OF WHA	COUNTRY?	B	D MENGER MARRIE	9. E	ALTIMORE	CITY OR CO	11101	FDEATH	
nerol nerol	A.	COUNTRY) MA	ulm	U. S.	12	WIDOWED	□ NEVER MARRIE □ DIVORCE		Baltin	ore C	ity		MD
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Tied #	0	Baltimore		Maryland			oital		Redin	e E	P.	INDUSTRY	
4 hourst be din	0 10	USUAL RESIDENCE (IF NI		HER INSTITUTION GIVER		DMISSION)	3d. INSIDE CITY LIM	AITS2 112a	STREET, ADD	DE9 - /10	PCODE.	21-	201
fille fille fould	Jan .	Ws.			A Ans		YES A NO		6/W.	KLJ	TTIDE	010	101
RYL 2 sh		4 FATHER'S NAME FIRST	MID	DIF	LAST	1.	5 MOTHER'S MAID	EN NAME		DDLE	18	LAS	,
be one	Y		7770				riksi		794	DOTE			'
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours of the this certificate has been signed by the wind physician. What this certificate has been signed by the wind-first physicial-transit permit. Then pleat the managements. Pages and 2 should be filled in by and Mental Hygene prior to burial, nemation or emacal.	1	60 WAS DECEASED EV	ER IN U.S. ARME		SOCIAL SECURI	ITY NO. I	7 INFORMANT		00	ADDRESS	0 1. /		L.C
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SICIAN: T ig physici certificate riol-transi them 18 sh	4	00.00.150.00.170.10	_		MONTH DAY	YEAR			, , , , , , , , , , , , , , , , , , , ,				
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OR AT DIRECT DORECT Dept. of f hem if		226. SIGNATURE	4 / /	2 A	dedin.		GREE					22c. DATE	
			pulite	and Or	P	in	ATTEND		RECTOR	STAFF		1/2	6087
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1000+6	1	- YO	ih - Ch	on fluo	ng		c/o Maryl	and Ge	eneral	Hospi	ital		
0 a 5 d ₹ ₹		Ma. BURIAL/CREMATIO	N, REMOVAL	TIN PATE	I III MA	ME CY CEN	METERY OR CREMA	TORY	23d LOCATIO			014171	A Louis
BP_/4		Soon	1	1/30/8	/ Mt.	Min	n Cer	~ .	m	17.	C	YINUO	M
DHMH - 16 60M 7/8	94	H FUNERAL DIRECTOR	) 1	10 10	7 JAMBES A	11/	A) 11 2	So DATE RE	C'D. BY REGI	TRAR 256.	REGISTRA	R'S SIGNATI	URE
(VRA 15, 4)	ı	m. C	und	e , //	1710	( NO	the se	JAN	SUE	101	O' '		



requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

l,	1	8	5	4	JAN	28	FOR STATE REGISTRAR	
			pe /		leoth		1. DECEASED NAME (TYPE OR PRINT)	

erol director, po death. Page 4 mo

7.72 hours after

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	7	0	1	5	3	6
	REG. NO.			114		

19 E	REGISTRAR				REG. NO.		
	DECEASED NAME FIRST	MIDDLE	EAST		20. DATE OF DEATH MO	ONTH DAY YEAR	2b HOUR
L	Ollie	- William	Rings	old JR	1/16/8-	7	11115 PM
3	SEX A 1	1. RACE	S. DATE OF BIRT	H YEAR	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAY	
1	, Male	Slock		3) 15	7/	YRS.	3 NOOKS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
1	lengland, U.S. A.	U. S.A.	WIDOWED	DIVORCED	Balti	noe City	MD.
16	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	TADDRESS)	/	12a USUAL OCCUPATION		OF BUSINESS OR
+	ISUAL RESIDENCE (IF NUR I SECOND CINE CINE	THER INSTITUTION, GIVE RESIDENCE BEFORE	() HOSPIDA	: /	LABOREK	. (15	4017.
	30. STATE			ISIDE CITY LIMITS?	13e.STREET ADDRESS / Z	IP CODE / Z/I	28
13	THER'S NAME	MIDDLE O. LAST 4.	15 M	OTHER'S MAIDEN NAM			
ľ	1. Oilie V	N Ringgold	Sr.	Gladys	WIDDLE		1AST
110	WAS DECEASED EVER IN U.S. AR		URITY NO. 17 IN	FORMANT	ADDRESS		777
ł	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 7/1-07-	4722 1	That			
F	18 CAUSE OF DEATH (Enter on	ly one couse per line for (a) (b), a	ndie	,		APPRO	DXIMATE INTERVAL IN ONSET AND DEATH
L	PART I. DEATH WAS CAUSE	D BY:	e silmen	arrest		BETWEE	N ONSET AND DEATH
ı	IMMEDIAI	E CAUSE (0)					
		DUE TO, OR AS A CONSEQU	11 1				
1	Conditions, if any, which gove rise to immediate	( 16) Large	e cell 17	why was			
ı	couse (a), stating the	DUE TO, OR AS A CONSEOL	JENCE OF				
	underlying couse lost.	(c)					
1.		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT R	ELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART	1101
	5						
13	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS	PERFORMED		OB IF YES, WERE FIND N CERTIFYING CAUSE	
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING				YES NO	YES []	NO DE
	210. ACCIDENT WAS UNDERLYING		21c. F	OW INJURY OCCURR	RED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR PART 2)	
			DAY YEAR				
18	OR CONTRIBUTING CAUSE OF DEA	21a. PLACE OF INJURY		OCATION			
1	ANNIE NOT WHILE	(AT HOME, STREET, FACTORY OFFICE	FARM ETC )	STREET	CITY OR TOWN	COUNTY	STATE
		tal) attended the deceased from.	1/10	10 97	. 1116	10 87	4
	sow the deceased alive on	1/1//	87 and that	in (my) (our) opinion	death occurred on the date	and how and team th	, that (I) (we) last
	obove, (1) (we) (did) (did no:	t) view the body after death	DEGRE		avail decorred on the dore		
	masignature na Cy	Tho	,	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	c- 1/	TE SIGNED
1	224 PHYSICIAN'S NAME (TYPE O	R PRINT)	22e /	ADDRESS		1	-/
	M. Klo	tr, ph		University.	of MOH	10 px	
25	30 BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETE	RY OR CREMATORY	123d LOCATION	0	
1	(SA) CIEAN	1/2 /64	A-141 11-	AT OR CREMATORY	A CITY OR TOWN	W. KOUNY A	STATE
	PXINIA	11/2/187	OTTN WES	LEV	TTEINGMN	MAKPOKD.	MID

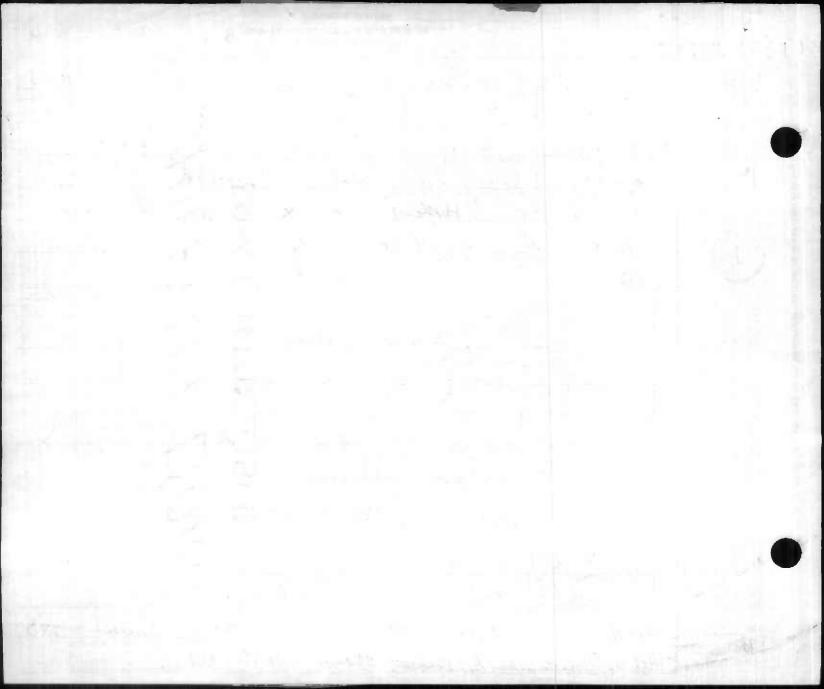
DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physic should be detached for use as the burial-transit permit. Then please remove corben approximate State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed IMPORTANT: If them 21 is marked or kem 18 shows any injury, or other troumatic \*\*\*

> 24 FUNERAL DIRECTOR FUNCTAC HOME, PA. ABERDEEN, MD 2,001

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Divideon Penders



RESTON ST., BALTIMORE, MD. 21201

DIVISION OF VITAL RECORDS, 201 W.

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FICATE OF DEATH
ı

	-	n	0-1	
	0	) >	0	
REG.	NO.			

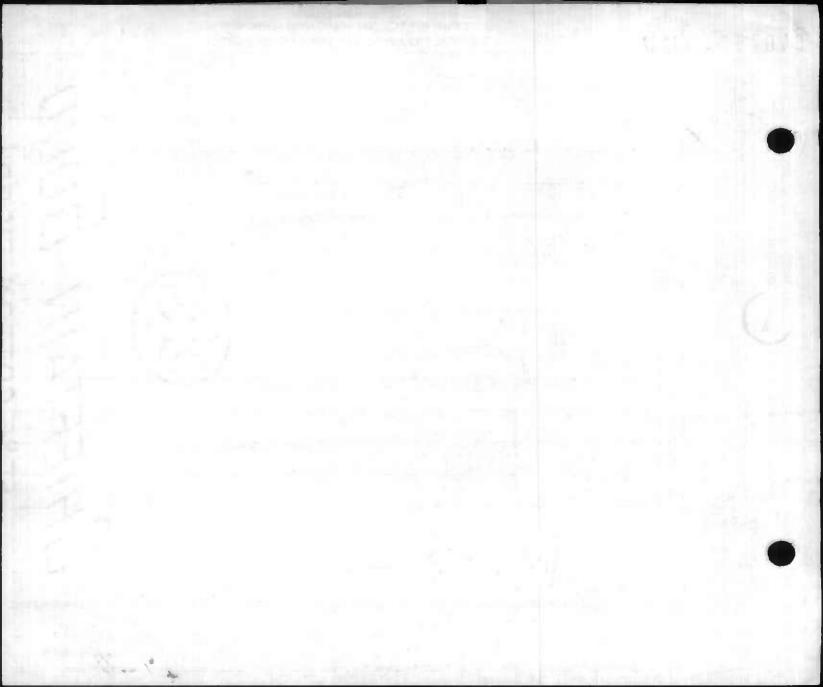
116	REGISTR.	AR		ME	DICAL	EXAMINE	R'S C	ERTIFI	CATEC	F DEA	tTH ∕	RE	G. NO.	6	-	400	
1. DE	CEASED I	NAME	FIRST		WIDDLE		-	AST			2a. DATE	KNOW	/N 🗔	MONTH	DAY	YEAR	2b. HOUR
1	L OK PRINTI		Kennet	h T	loyd		Ri	tter		DIV.	DEATH	ESTI H MATE		1	9	1987	M
3. SE	(	4 RAC	E 5.	DATE OF BIRTH	YEAR	6 AGE (IN YEAR	s IF UN	DER 1 YR.	IF UNDER		2c DAT			MONTH	DAY	YEAR	24 HOUR
M	ale	Whi		7/10/65	TECH	21 YRS		DAYS	HOURS	MIN	PRONOL DE A			1	9	1987	11:43
B B	IRTHPLAC	E (STATE OR	76	. CITIZEN OF W	HAT COU	NTRY?	MARRIE	D NE	VER MARR	IED -	9 BALTI	MORE C	ITY OR	COUNT	TY OF D	EATH	
2	Md.			U.S.A.			WIDOW		DIVORC	ED D	I	Balt	imor	re C	ity,	,	MD
4	ity or to	own of DE	ATH III	(IF NOT IN SUCH FA	CILITY, GIVE	JRSING HOME, STREET ADDRESS) Hospita		r institu	TION	FOR	NOST OF WO	ORKING LIF	E)	)F WORK	D &	C	RY
	TATE		RSING HOME OR O'	OTHER HISTITUTION, GIVE RESIDENCE BEFORE ADMISSION   13c. CITY OR TOWN   Baltimore				13d INSIDE C	ITY LIMITS?	13e STR	EET ADDR	RESS Lirde	el A	Associates Ave. Apt TB 2120			
14. F.	ATHER'S IN FIRST		Ritter	NODLE		LAST			er's maide	NAME		MIDDLE				LAST	
()	WAS DEC ES, NO, OR I	EASED EVER	IN U.S. ARMED			-66-3850		Pat	mant ricia	Ritt	er (		ress ner)	san	ne a	ddre	ess
	18 CAL	SE OF DEAT	H (Enter anly a	ne cause per line	for (a), (b	o), and (c).)									BETW	PROXIMAT	E INTERVAL
17		2173	IMMEDIATE (	AUSE (a) MI		le inju								1		-	
	Cor	ditions, if	ony, which	DUE TO, OK	AS A CO	NSEQUENCE OF											
	cau	re rise to se (a) stating g cause last		DUE TO, OR	AS A CO	NSEQUENCE OF	F						U			53	2 10
Z	PART 2 0	THER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO OEATN	BUT NOT REL	ATEO TO THE TERMIN	AL OISEASE	OR CONDITIO	N GIVEN IN PA	RT 1 (a)							
CERTIFICATION	19a, DA	TE OF OPER	ATION	19b. CONDI	TION FOR	WHICH OPERA	TION W	AS PERFOR	MED?		_	w [ '				UTOPSY CAD C	
AL CERT	LINDER	ERNAL CAU LYING [X] IBUTING [	OP	218. TIME OF HOUR A.M	. MONTH	9 19 87			occurre er in						RT 21		NO B
MEDICAL		RK D NOT			TORY, FARM,		211. LOC 51	ATION REET			CITY OR T	OWN		COI	UNTY		STATE
WHILE AT WORK AT WORK Street Street Belair Rd & Manor Ave, Fu.  10. I certify that I took charge of the remains described above, held an death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner											in my op		1100	7110			
	ACTUAL SIGNAT	URE	M	4	X	1			ty Ch	ie£e	ICAL EXA	MINER		DATE	0_1/	10/8	37
A	EXAMIN (TYPE O	IER'S NAME R PRINT)	A	nn M. Di	xøn,	M.D.		DDRESS_	111 P	enn :	St.	Ba	lto.	MD.			- 81
23a.B	SPECIFY)		EMOVAL 236			NAME OF CEME			ORY	CITY	CATION			cour	NIY	s	TATE
24.5	Buri			13/87		ardens c	or Fa		250. DATE	DEC'D C	3 alt	imo	re	TD ADIS A	Chiar	Md.	
14	NAME	Schim	inek Fui	neral.Ho	ome,	Inc.			JA L	i 4 Z	400	7 /1.	ALA	Nema 3	HAMON	N.C.	

07/84 25M BP\_

DHM (VR A15 ME (5))

3331 Brehms Lane, Balto. Md. 21213

JAN 1 3 1981



ely filled in by the funeral director, 2 should be filed within 72 haurs afte

ond 2

CERTIFICATI

MEDICAL

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

(+	PH	ER	PES	205	TE)	A	
YGIENE	8	1	0	1	3	.5	-
		DEC I	NO				

FOR - STATE REGISTRAR

_					KLO. NO.		
-	1. DECEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
-	Tommie	4	R.U.	ers	Januar	10 1987	6:30pm
1	3 SEX	4. RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	Black	MONTH 12		83	MONTHS DAYS	HOURS MIN.
en e	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH	
1	North Carlina	U.S.A	WIDOWE	DIVORCED [	Balfimore C	rity	ME
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF		R OTHER INSTITUTION	12a USUAL OCCUPATION		F BUSINESS OR
X	Daltimore /	University 0	A Mar	ruland	UNKNOWN.	(TIPE) INDUSTRI	
	USUAL RESIDENCE (IF NURSING WOME OF	ROTHER INSTITUTION GIVE RESIDENCE BE		9774			
		And the second s		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO		717.00
4	14 FATHER'S NAME	MINUTE DAIRI	nore	15. MOTHER'S MAIDEN NA	1340 Fremont	1400	21217
~	FIRST	LAST		FIRST	WIDDLE	LAS	1
1	1000	Kobins	SON	Georgia		Sapp	
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SI	ECURITY NO.	17. INFORMANT	ADDRESS	, ,	
	UNKNOWN	263-3	1-8511	John Robinso	n 642 PORTU	AND ST.	21230
	18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b)	, and (c).)	,		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDIA	ED BY. TE CAUSE (a) Cardia	c. Ar	rest			
		DUE TO, OR AS A CONSE					
-1	Canditians, if any, which	( b) Sensis	Ran	al Failure			
-	gave rise to immediate	)		- Tanki C	-		
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE		1. 1	73		
				he Aneurysi			
	7 ~	CONDITIONS CONTRIBUTING	TO DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION C	GIVEN IN PART I	1
	& COPD						

96 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	ATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USE
12/9/86	Ruptured About no	YES NO NO	IN CERTIFYING CAUSES OF DEA YES NO [	
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YE	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		

21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from saw the deceosed alive an abave (1)(we) (did) (did not) view the bady after death. and that in (my) (our) opinion death occurred an the date and hour and from the couses stated 226. SIGNATURE DEGREE TH. DATE SKINED

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

Valene L. III	10016	20 S. G180.	223. Greene St. 15311111018 1116 2/25				
230. BURIAL, CREMATION, REMOVAL (SPECIOL)	/ /	236 NAME OF CEMETERY OR CREMATORY  MD. NATIONAL MEM	23d. LOCATION CITY OR TOWN LAURE 1	COUNTY	MD STATE		

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR.

ORTANT

24. FUNERAL DIRECTOR

STATE



		1			STATE OF MARYLAND		
		1-	FOR STATE	DEPARTI	WENT OF HEALTH AND MENTAL HYG	IENE 8 7	0 1 5 3 9
	- 1/1	Ľ	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	).
000	e cco		DEASED NAME FIRST	n Edwards	Roach	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
Poge 4 may	FEB -	30	Helen	Tawards	Roach		1 27 87 10 pm
E po	fter	3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
age 4	orso 1		temale	White	8 04 13	73	YRS.
ol di	2 to		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
death.	1 (B)	N	ew_York	U.S.A.	WIDOWED DIVORCED	Balt. Ci	
事	William William	10 CI	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET</li> </ol>	ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WOUKING LIFE I INDUSTRY
1 3	01	,	Baltimore /	Mercy Hospi	the But mD	farm wife	e.   dairy
hau pe	2 8 6	13a. S	TATE	OTHER INSTITUTION CIVE RESIDENCE BEFORE	E ADMISSION) /N [13d. INSIDE CITY LIMITS?	13. STREET ADDRESS /	ZIP CODE
24 h	1		aryland Carr	oll New Win		2000 Wilt	Road/21776
a le	d 2 s	14 FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	LAST
d wo	puo Solo C	1	2000	uis Edwards		Edith	Daumberger
Ma o puo	Poges		/AS DECEASED EVER IN U.S. AR ES. NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		ADDRE	\$35 Wilt Rd.
9 0 00	S. Po		No nor	ie 213-01-	-0138 Harry W. R	oach III	New Windsor, MD
ysicia	paper navah ent, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b), an	d(c).)		APPROXIMATE INTERVAL  8ETWEEN ONSET AND DEATH
do B	emaya event,			E CAUSE (a) Kes	piratory tailure		
th ce	corb or r			DUE TO, OR AS A CONSEQUE	ENCE OF		
dea offe	ove fron four		Canditions, if any, which gave rise to immediate	( b) Chronic	- Obstructive Pul	monary D	secre
that the death certification of the attending plant	remo		cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF	0	
that d by	lease re ial, cren or ather		underlying cause lost	( (c)			
uires	bound o	z	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO 1	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART I I a
ree ree	prior T	CERTIFICATION	190 DATE OF OPERATION	106 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WERE FINDINGS USED
d so	8 9 9	FIC	THE DATE OF OPERATION	176. CONDITION FOR WHICH	OFERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?
The sicion	Hygiene Hygiene 18 shaws	ERT	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURE	YES NO	YES NO
Phys phys	of Hy		OR CONTRIBUTING CAUSE OF DE	TH HOUR A.M. MONTH D.	AY YEAR	LED LEWIER WATORS OF INJUR	TIN HEM IS PART TORPART ()
YSIC	Aent Aent	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f LOCATION		
PH tend	the by	ME	WHILE NOT WHILE IT	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOV	VN COUNTY STATE
Afte Afte	alth a mark		AT WORK		Man. 18 10 87	- 1 Nan 2	7 87
HOSPITAL OR ATTENDINE OF the haspital or FUNERAL DIRECTOR A	of Hec 21 is n		sow the decent alive on	tal) amended the deceased fram_			te and have and from the cooses stated
ATT	hed for ept. of them 2	-	obove, (I) (w):) (did) (did no	t) view the bady after death.	DEGREE	ocom accordo an me aa	DATE SIGNED
he he	0 0 ±		( Person A	M 1.	M ATTENDING	MEDICAL STAF	1/27/67
by t	should be deta with the State IMPORTANT: II		22d. PHYSICIAN'S NAME TYPE &	P PPINT)	PHYSICIAN [	DIRECTOR PHYSICI	1/2+10+
o HOSF etained TO FUN	the the		DIAN	111	The Abbriess		
To F	with the with the IMPORTA	22- 0	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	124 106471011	
		238 E	SPEC IFY)			230 LOCATION CITY OR TOWN	COUNTY
BP		24 FI	Burial NERAL DIRECTOR	1/30/87 Wi	inters Cemetery	nr. New	Windsor Carroll MI
	6 60M 7/B4		NAME	ADDRESS	230. 68	B A TOOM	DISTRACT STORATORE
(VRA	15, 4)		D. D. Hartz	ler New Wi	ndsor, MD		

PARTY OF A STREET BY THE STREET OF THE STREET AND A STREET AS A ST 1887 6 83

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DECEASED NAME FIRST	WIDDLE	- L	AST	20. DATE OF DEAT	H HINOM H	DAY YEAR	26 HOUR
ALDERT		Be	bbins	01-1	6-87	7	115 AM
SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	CAUCASION	06	- 02 - 04	82	YRS.	IONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
Balto, Md	USA	WIDOWE	D DIVORCED		IMORE C		MD.
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI  (IF NOT IN SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	12a USUAL OCCUE			OF BUSINESS OR
BALTIMORE	Levindale NS	9 H	mE		mpaeter		-EMPLOYE
DUAL RESIDENCE (IF NURSING HOME OF A STATE 136 COUR	NTY 113c. CITY OR TON	WN	13d. INSIDE CITY LIMITS?	13 STREET ADDRE	SS / ZIP CODE		G-10
MARYLAND	BALTI	MORE	YES 🖔 NO 🗌	3600LAB	YRINTH I	RD. #2	21215
FATHER'S NAME			15. MOTHER'S MAIDEN NAM				
RAPHAEL	RABINO	WITZ	JULIA	MIDD		431ND	W172
WAS DECEASED EVER IN U.S. AR		URITY NO.		RRY FISHE			
(YES, NO OR UNKNOWN) (IF YES, GIV	213-12-	0675	15 SHADED GL	EN CT. O	WINGS M	ILLS,MD	21117
18 CAUSE OF DEATH (Enter or	nly ane cause per line for (a), (b), a	nd (c).1				BETWEEN	IMATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUSE	TE CAUSE (a) METAS	TATIC	CA				
WWW.EDIA	_						
Conditions if you which	DUE TO, OR AS A CONSEOU	JENCE OF					
Canditions, if ony, which gove rise to immediate	(b)						
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF					
	( (c)						
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GIV	EN IN PART TO	ā
190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
				YES NO	(	YING CAUSES	NO I
21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR			ART 1 OR PART 2)	
OR CONTRIBUTING _ CAUSE OF DE	AIR	AY YEAR					
(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		19	211 LOCATION				
	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC )	THE EUCKTRON	CITY	OR TOWN	COUNTY	STATE
AT WORK NOT WHILE		/	11.		/		
220.1 certify that Athis hospi	ital) ottended the deceased from.	7-	1/17 19 8	/, to	1/6	19 8	that 🏖 (we) lost
saw the deceased alive an	tt) view the body after death.	8 /1 ar	that in ( our) opinion o	leoth occurred on h	e date and hou	and from the	couses stated
22b. SIGNATURE	and the body differ dealiff.	1	DEGREE			THE DATE	SIGNED
(Men	hu		ATTENDING -	MEDICAL S	STAFF	1//	6107
224 PHYSICIAN'S NAME (TYPE O	OR PRINT)		170 ADDRESS	J DIKECTOK   PH	TOICIAIN ID	1	1-1
P1-11-11		7	1-11- 0-1	1 / 1 - 1			

BP.

041821 JAN 28 D REGISTRAR

DHMH - 16 60M 7/84 (VRA 15, 4)

BURTAL

23c. NAME OF CEMETERY OR CREMATORY BNAI ISRAEL JAN.18,1987

21215

23d LOCATION CITY OR TOWN BALTIMORE

MARYLAND

SOL LEVINSON & BROS., INC. 24. FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO, MD

Prom. -0.0 204 201 itti l bo 3-. 4) for . . m LIFE 1 - 19 200 5 5595 FREED 11111

111	FOR 7	1	STATE OF DEPARTMENT OF HEALT		HYGIENE		- a 1
	REGISTRAR		DICAL EXAMINER'S	CERTIFICATE (		REG. NO.	2 4 1
	CEASED NAME F	IRST	MIDDLE	LAST	20 DATE KNO	WN MONTH	DAY YEAR 2b
		JENNIFER	ROBER	SON	OF ES DEATH MA	I I	87 19
3. SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS IF U	NDER 1 YR. IF UNDER		MONTH	DAY YEAR 2d
2 I	Female White		1966 20 YRS.	THS DAYS HOURS	MIN PRONOUNCED DEAD	1-7-	87 19 2
7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WE	IAT COUNTRY2	RIED PA NEVER MARR	9 BALTIMORE	CITY OR COUNT	
	New Jersey	U.S.A		=		more Cit	V
in CI	TY OR TOWN OF DEATH	III NAME OF HOS	PITAL, NURSING HOME, OR OT	HER INSTITUTION	12a USUAL OCCUPATION FOR MOST OF WORKING	ON ITYPE OF WORK	OR INDUSTRY
2	Baltimore		sity Hospital S	TU	Housewife	(WE)	OK INDOSTRI
III S	L RESIDENCE (IF IN NURSING	HOME OR OTHER INSTITUTION, GIV	/E RESIDENCE BEFORE ADMISSION)		13e STREET ADDRESS		
1	Maryland Qu	ieen Anne's	Stevensville	YES NO	311 Queen	Anne's Ro	d. 2166
II. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAID	EN NAME MIDDLE		LAST
1	David Pearl		wild-t	Joy A.	Heritage		LASI
160. W	AS DECEASED EVER IN U.	S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	AC	DDRESS	
	No		217-96-9753	Stephen A	. Roberson	same a	as above
	18 CAUSE OF DEATH (Er	ter only one couse per line	for (o), (b), and (c).)				APPROXIMATE INTER
-	PART I DEATH WAS C	AUSED BY: MEDIATE CAUSE (o)M	ultiple injurie	S			BETWEEN ONSET AND
	8130		AS A CONSEQUENCE OF				
	Conditions, if ony,						
	couse (a) stating the ulying couse lost.	DUE TO, OR	AS A CONSEQUENCE OF				
		(c)					1 - 64
	PART 2 OTNER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH I	OUT NOT RELATED TO THE TERMINAL DISEA	SE DR CONDITION GIVEN IN PA	RT 1 (a)		
CERTIFICATION							
∑ V	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERATION V	VAS PERFORMED?			20 AUTOPSY?
RTIF							YES 🖾 NO
	216. EXTERNAL CAUSE W.		MONTH DAY YEAR		D (ENTER NATURE OF INJURY IN		
4	CONTRIBUTING CAUS				auto/fixed c	bject/au	to collisi
×	21d INJURY OCCURRED	21e PLACE C STREET, FACTO	ORY, FARM, ETC.]	CATION	CITY OR TOWN	COUN	NTY S
MEDICAL	WHILE TO NOT WHILE			DL OC	f Kentnoint	Rd. Steve	ensville,
MEDIC	WHILE NOT WHILE AT WORK	E X h	gwy. $Md.$	RL.8,5. O.	Refrepoint		
MEDIC	AT WORK AT WORK	charge of the remains desc		osy X, Inspectio		ond in my opin	nion
MEDIC	AT WORK AT WORK					ond in my opin	nion
MEDIC	AT WORK AT WORK  226. I certify that I took death resulted from:	charge of the remains desc	ribed obove, held on Autor	osy X, Inspectio	n . Inquiry .	ond in my opin	nion
MEDIC	AT WORK AT WORK  226. I certify that I took	charge of the remains desc	ribed obove, held on Autor	osy X, Inspectio	n . Inquiry .	DATE	1-8-87
7	AT WORK AT WORK  226. I certify that I took death resulted from:	charge of the remains described in the charge of the remains described in the charge of the charge o	Accident	Inspection  Homicide  TITLE (SPECIFY)	Undetermined monner	DATE	1-8-87
	AT WORK AT WORK  220. I certify that I took death resulted from:	charge of the remains described in the charge of the remains described in the charge of the charge o	ribed above, held an Autor	Inspection  Homicide  TITLE (SPECIFY)	Undetermined monner	DATE	1-8-87
73a RI	220. I certify that I took death resulted from:	charge of the remains described in the Margarita A  VAL 1236. DATE	Accident	hospecho Homicide  TITLE (SPECIFY) ASSISTANT  ADDRESS 11 Pe	Undetermined monner	DATE	1-8-87
230. BU	AT WORK AT WORK  220. I certify that I took death resulted from:  ACTUAL EXAMINER'S NAME (TYPE OR PRINT)  IRIAL CREMATION REMO)	chorge of the remains described in the second secon	Accident	Homicide TITLE (SPECIFY) ASSISTANT ADDRESS 11 POR CREMATORY Cemetery	Undetermined monner  MEDICAL EXAMINER  enn Street	DATE SIGNED	1-8-87

# 198 ve 7 5 man need the ment of the property of the particular constants and if the control of 
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	No. 1	0	1	1.5	18	8
3	1	U		2	The said	di
	REG. NO.					

3. SEX 4. RACE 4. RACE 5. DATE OF BIRTH SEPT. 10, 1920 70. BIRTHPLACE (STATE OF FOREIGN PLANTING HOME OF OTHER INSTITUTION GIVE RESIDENCE STREET ADDRESS)  10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE STREET ADDRESS)	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR  1987 2 PM  20 AGE (IN YEARS LAST BIRT DAY)  B. AGE (IN YEA
3. SEX  4. RACE  4. RACE  5. DATE OF BIRTH  Sept. 10, 1920  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  8. MARRIED MEVER MARRIED WIDOWED DIVORCED DI	66  YRS. MONTHS DAYS HOURS MIN.  BALTIMORE CITY OR COUNTY OF DEATH  BALT MONTHS DAYS HOURS MIN.  120 USUAL OCCUPATION 128 KIND OF BUSINESSOR
70. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY?  BOLL TIMO PE MG.  10. CITIZEN OF WHAT COUNTRY?  BOLL TIMO PE MG.  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  130. STATE  136. COUNTY  136. INSIDE CITY LIMITS?	9. BALTIMORE CITY OR COUNTY OF DEATH  BALTIMORE CITY OR COUNTY OF DEATH  120. USUAL OCCUPATION  1120. USUAL OCCUPATION  1120. KIND OF BUSINESSOR
To. BIRTHPLACE (STATE OR FOREIGN TO. CITIZEN OF WHAT COUNTRY?  Baltimore, Md.  U.S. A. WIDOWED DIVORCED DIVORCED TO NOT TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (NOT RESIDENCE BEFORE ADMISSION)  136. STATE  136. COUNTY  136. INSIDE CITY LIMITS?	Baltimore City or County of DEATH  Baltimore City MD.  120 USUAL OCCUPATION 120 KIND OF BUSINGS OR
76. CITIZEN OF WHAT COUNTRY?  Baltimore, Md.  U.S.A. WIDOWED DIVORCED  18. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (NO) IN SUCH FACILITY, GIVE STREET ADDRESS)  136. STATE  136. COUNTY  136. INSIDE CITY LIMITS?	Baltimore City or County of DEATH  Baltimore City MD.  120 USUAL OCCUPATION 120 KIND OF BUSINESSOR
MARRIED NEVER MA	Baltimor City, MD.  120 USUAL OCCUPATION 1/26 KIND OF BUSINESOR
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (NOTING SUCH FACILITY, GIVE STREET ADDRESS)  10. CITY OR TOWN OF DEATH (NOTING SUCH FACILITY, GIVE RESIDENCE BEFORE ADMISSION) 1136. STATE 1136. COUNTY 1136. COUNTY 1136. INSIDE CITY LIMITS?	
Baltimore (Molin such Facility, give street address)  POSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  13b. COUNTY  13c. CITY OR TOWN  13d. INSIDE CITY LIMITS?	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130 COUNTY 134. INSIDE CITY LIMITS?	nousewije and Homemaker
130. STATE 136 COUNTY 134 CITY OR TOWN 134. INSIDE CITY LIMITS?	
170 TR altimore ve vi	13e STREET ADDRESS / ZIP CODE
	2010 Fountain St. 21231
14 FATHER'S NAME  15 MOTHER'S MAIDEN NAM  15 FIRST  16 FIRST  16 FIRST	HIPPIE
John William Harrison Hilda	Florence Arnold
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT QLT	0., ADDRESSMO. 21231.
10 Rolf-05-487Mr. Henry R	oberts-2010 Fountain St.
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Wetas take lung can	ucer ments
DUE TO, OR AS A CONSEQUENCE OF	
Conditions if new list (	
gave rise to immediate	
cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE OF CONDITION CHEEN IN DAPT 1
	Inear.
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPPRATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED
	IN CERTIFYING CAUSES OF DEATH?  YES NO
210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
214 IN HIRY OCCUPPED 216 DIACE OF INTHRY 211 LOCATION	* * * * * * * * * * * * * * * * * * * *
OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  I SETHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  STREET	CITY OR TOWN COUNTY STATE
AT WORK AT WORK	CITY OR TOWN COUNTY STATE
220.1 certify that (I) (Mis haspital) attended the deceased from 19.87	e, to 19 7. that (I) well of
22a. I certify that (I) (this haspital) attended the deceased from  saw the deceased alive an above, (I) (we) (did) (did nat) view the blady ofter death.	eath accurred an he date and haur and from the causes stated
220. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an above, (I) (we) (did) (did not) view the bady ofter death.  22b. SIGNATURE  DEGREE	eath accurred an the date and haur and fram the causes stated  22c. DATE SIGNED
220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive an above, (I) (we) (did) (did not) view the bady after death.  22b. SIGNATURE  ATTENDING	eath accurred an he date and haur and from the causes stated
220. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an above, (I) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  ATTENDING	eath accurred on the date and have and from the causes stated  MEDICAL STAFF  22c. DATE SIGNED
220. I certify that (I) (this haspital) attended the deceased from 1987, and that in (my) our period doors, (I) (we) (did) (did not) view the bady after death.  220. SIGNATURE  ATTENDING PHYSICIAN	eath accurred on the date and have and from the causes stated  MEDICAL STAFF  22c. DATE SIGNED
220. I certify that (I) (this haspital) attended the deceased from 1987, and that in (my) our opinion do above, (I) (we) (did) (did nat) view the bady after death.  226. SIGNATURE  ATTENDING PHYSICIAN'S NAME (TYPE OR PRINT)  226. PHYSICIAN'S NAME (TYPE OR PRINT)  226. BURIAL CREMATION REMOVAL (23b DATE)  236. BURIAL CREMATION REMOVAL (23b DATE)	MEDICAL DIRECTOR PHYSICIAN ID 1987
220. I certify that (I) (this haspital) attended the deceased from 1987, and that in (my) our opinion do above, (I) (we) (did) (did nat) view the bady after death.  226. SIGNATURE  ATTENDING PHYSICIAN'S NAME (TYPE OR PRINT)  226. PHYSICIAN'S NAME (TYPE OR PRINT)  226. BURIAL CREMATION REMOVAL (23b DATE)  236. BURIAL CREMATION REMOVAL (23b DATE)	MEDICAL DIRECTOR PHYSICIAN ID 1987
220. I certify that (I) (this haspital) attended the deceased from 1987, and that in (my) buri pinion deceased alive an above, (I) (we) (did) (did nat) view the bady after death.  226. SIGNATURE  ATTENDING PHYSICIAN'S NAME (TYPE OR PRINT)  226. ADDRESS  LIM 129. A	medical Staff Director Physician D Paltnere M Paltimore, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

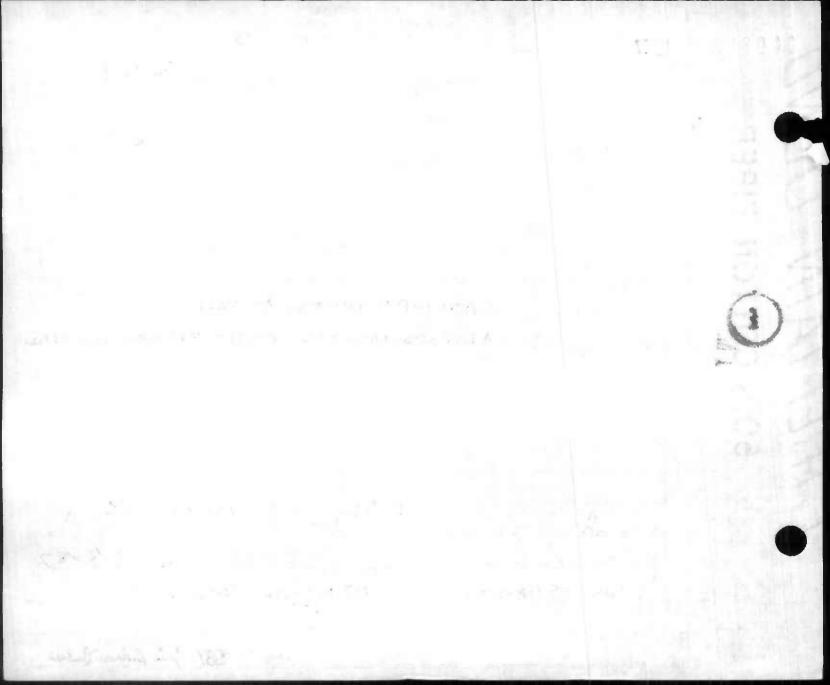
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FOR STATE

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	1			STATE OF MARYLAND		
	1	FOR STATE	DEPARTME	NT OF HEALTH AND MENTAL HY	GIENE	0 1 4 4 3
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04000000		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
oth 3	{1YPi	KATHER)	/NF R(	DBERTS	1/	2/87
4 may be tor page 3 offer death	3 SE			DATE OF BIRTH	6 AGE (IN YEARS LATE BIRTHDA	Y) IF UNDER I YEAR IF UNDER 24 HRS
office of the soul		Female	Black	MONTH DAY 14	72	MONTHS DAYS HOURS MIN.
Pog dire	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR CO	OUNTY OF DEATH
# 30 8 7		Maryland	HICA	MARRIED NEVER MARRIED	Pal+ima	And the second
do do	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	MD.  176 PUD OF BUSINESS OF
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d d d d	H	arry Rob	erts Roberts	Janette	WIDDLE	Cottman
- CO	16a \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURI	TY NO. 17 INFORMANT	ADDRESS	
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coon the r	-		nly one cause per line far (a), (b), and (		ckins buld F	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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( A Z			DUE TO, OR AS A CONSEQUEN			
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± ± 0 0		cause to, stating the	DUE TO, OR AS A CONSEQUEN	CE OF		
d by leose rol, o		underlying cause last.	(c)			
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been mit. T	1 ₹	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
ws de s	CERTIFICATION				IN IN	CERTIFYING CAUSES OF DEATH?
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PHYSICIAN: ending physic this certifical ne buriol-from and Mental Hy dor frem 18:		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY	YEAR	(ENIER MATORE OF INJORT IN	TEM IS PART I OR PART ST
ding ph	MEDICAL	(IF EITHER NOTIFY MEDICAL FXAMINES	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
() = P = 0 = 4	MEL	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE FAR		CITY OR TOWN	COUNTY STATE
ATTENDING asperted or a sector. After the cost of the	1	220.1 certify that Authis haspi	ital) attended the deceased from	1 19.8	3,10 12/22	19 (we) last
E O O T I		saw the deceased asses on	19	, and that in (ny) (our) opinion	death occurred on the date of	and hour and from the causes stated
OR ATTI		27 SIGNATURE	Diew the body after death.	DEGREE		22c DATE SIGNED
to the the		N/A	(ta	ATTENDING	MEDICAL STAFF	1/5/87
D HOSPITAL formed by the O FUNERAL hould be det with the Store	-	THE PHYSICIAN'S NAME LOW S	St FRINTS	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	40 14 07 01
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TO HOSPITAL of retoined by the TO FUNERAL is should be deto with the Stote I medorany: if	0.5	1 JOHN 5	Haning	10 MONE		31,
	230	BURIAL, CREMATION, REMOVAL ISPECIFY) IP 1 & ]		ME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP			1/7/87 Ea	stview Cem.	<u>l Dundalk</u>	, Md.
DHMH - 16 60M 7/84	150	JNERAL DIRECTOR	ADDRESS	A THE RESERVE OF THE PARTY OF T	TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
(VRA 15, 4)	Wi	a C. March F/H	West 4300 Wabash	Avenue	N8 - 187 4	the Devident Redails



			STATE	OF MARYLAND			
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		REGISTRAR		CATE OF DEATH	REG. NO		4.0
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A mo	3. SE		4. RACE 5. DATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS	
oge birect	70 01	EMALE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	-15-03	9 BALTIMORE CITY OF	YRS.	
neral d		OUNTAY)	U.S.A. MARRIED WIDOWE	NEVER MARRIED .	12 - 15	noze Ci	Tu MD
with:	10. C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME O		120 USUAL OCCUPATION	DN 12b. KIND	OF BUSINESS OR
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ed on		(IF YES, GI	RMED FORCES? 160 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	ss 1	21202
S. P		NO	12323212	Mrs. HAZE/E	UKES 142	8/159411	75/
hysici poper lovol.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS)	nly ane cause per line far (o), (b), and (c)	Cardio Uno	0.0.00	BETWEEN	NONSET AND DEATH
ng p roon		IMMEDIA	TE CAUSE (o)	comme ores	wear or	and an	The state of the s
tend e co on, o		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF				
he de mon motitor		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF				
T Toy		underlying cause last.	(c)				
	1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	DITION GIVEN IN PART 1	la
about 1	TI OF						
NO THE POST	FICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	1 WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	S OF DEATH?
The	CERTI	21g ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURRE	YES NO	YES	NO 🗌
Phys		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR	THE HOW INJOH! OCCORN	ED (ENIER NATURE OF INJUR	THE TEM TO PART TOR PART 2)	
YSIC	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	R) P.M. 19 21e PLACE OF INJURY	21f LOCATION			
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N O O		21 110111	mal) attended the deceased from	68 . 19		19.86	, that (II (ve) last
TTEN Putol TTOR for u of H		saw the deceased alive of abave, (1) (we) (did) (did n	n19	d that in (my) (out) opinion d	leath occurred an the do	ite and hour and from th	e causes stated
OR A DIREC DIREC Dept. f Hem		22b SIGNATORE		DEGREE	MEDICAL STAF	1 1 /	SIGNED
Al Al Al Al Al II. H		1/mmg	Carley ned	ATTENDING PHYSICIAN	DIRECTOR PHYSIC		21/87
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Of Star W	23a E	URIAL, CREMATION, REMOVA	236. DATE 236 NAME OF CI	EMETERY OR CREMATORY ,	23d. LOCATION	COUNTY	STATE /
BP		QURIAL	1/29/87 /nd. N/	21 Cem.	BALL	v. Co.	TM
DHMH - 16 60M 7/B4	24 61	NERAL DIRECTOR	1 ADDRESS	ALLO DATE	REC'D. BY REGISTRAR	Aulia Dender	
(VRA 15, 4)	2	seph Liku	SS 2222 WiNorth	nue I A	NZONBI	Short Day	Z

South H Cortled had THE STATE OF THE S

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

etoined by the hospital or attending physician

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please in with the State Dept. of Health and Mental Hygiene prior to burial, cre-

IMPORTANT: If hem 21 is morked or them 18 shows and

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ector, page 3

injury, or other troumotic event,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

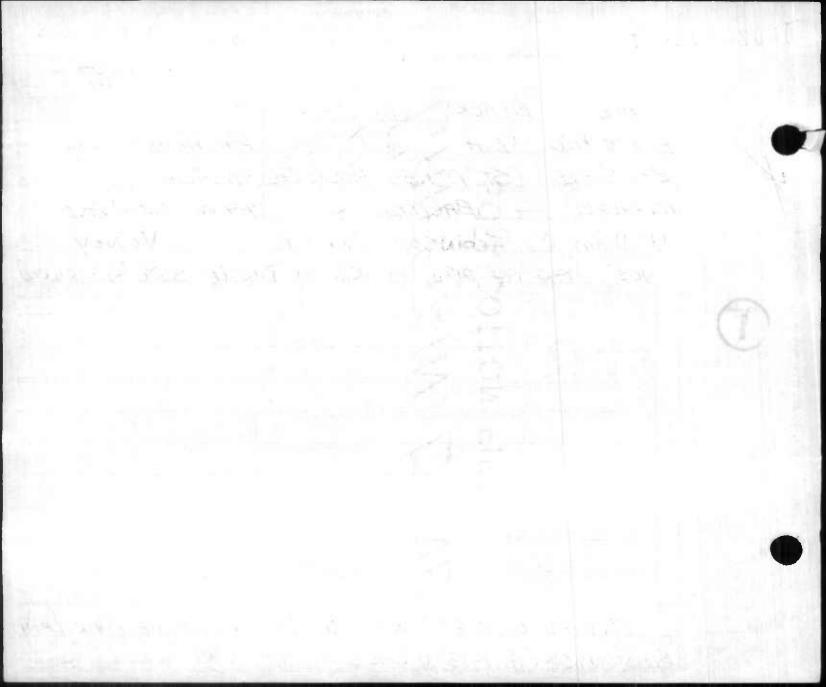
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	REG. NO.	Table .	

JAI	L	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	BIENE 8 7	0 1	5 4	S
		CEASED NAME FIRST OR PRINT!  EUGENE X	MIDDLE ROBIN	JSON · NATE OF BIRTH	20. DATE OF DEATH	MONTH DAY	870	HOUR 150 M
-	1	MALE	BLACK J.C.	03-13-12	73	YRS MONTH		URS MIN.
5	B	ALTO, MD.	ALC A	ARRIED NEVER MARRIED DOWED DIVORCED	BALTIN	DORE	CITY	MD.
10	E	BALTIMORE	(IF NOT IN SUCH FACILITY GIVE STREET ADDRES	HOSPITAL	120. USUAL OCCUPATION OF WORK FOR WORK		IDUSTRY	SINESSOR
E	130 5	STATE 136. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIN	13d. INSIDE CITY LIMITS?	13. STREET, ADDRESS /	OUDON	TAVE	> r
examine	14. F/	William C	ROBINSON	ROSIE	ME	VE	VEY	
medica		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, SIVE	MED FORCES? 166 SOCIAL SECURITY WAR OR DATES \$17-07-721	NO. 17. INFORMANT  RO KINGLEY I	INGLE 5	308 (k	Popin	wood
vent, the		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CAROLAC ARRITMMIA  PAIN TO						
other troumotic e		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE  (b) HTPOX A  DUE TO, OR AS A CONSEQUENCE	AND CARDIA I	SCHEMIA.	4.00	MINU	765
ury, or	z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERM	NINAL DISEASE OR COND	DITION GIVEN IN		
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	SEASE (2) CONFEST RATION WAS PERFORMED	200 AUTOPSY?  YES NO	206. IF YES, WEI IN CERTIFYING YES	CAUSES OF D	
3		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)		YEAR 19	RED (ENTER NATURE OF INJUR	TIN ITEM 18 PART I C	OR PART 2)	
rked or	MEDICAL	21d INJURY OCCURRED  WHITE NOT WHITE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FARM, E	211 LOCATION STREET	CITY OR TOW	w c	OUNIY	STATE
21 is mo			ol) ottended the deceased from 12/3/ 12/3/ 19.86	, and that in (wy) (our) opinion	-		from the couse	
E ±		276. SIGNATURE Michael St	hortals	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAF	F	22c DATE SIGN	1ED 82
A DOKIAN		226 PHYSICIAN'S NAME (TYPE OR AZVIN MAGAR MICHAEL		900 CATTON	AR BATTA	7 7more	21229	
		BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL	01-05-87 CRO	USVILE VA.	234 LOCATION CROWNS	sille, T	MARY	LAND
7/84	BI FI	POUNTHOMESON	F.H. 1913 W. B	ACTO. ST. JAI	e rec'd. by registrar 2 6 1987,	Julia Ju	SSIGNATURE	does

BALTO. ST.

DHMH - 16 60M 7/84

(VRA 15, 4)



250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
FEB 2 - 1987 Julia Deriam. Res

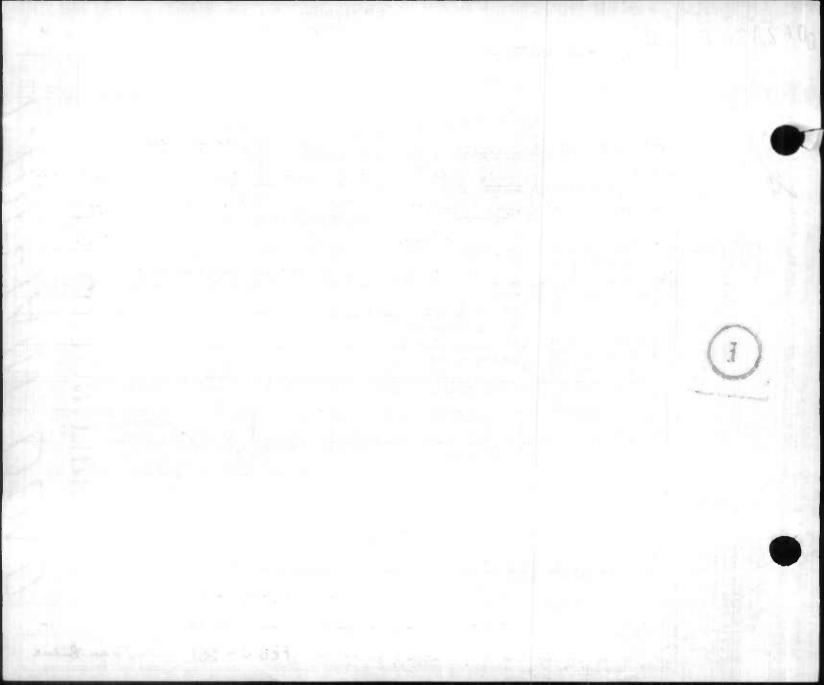
Julia Dividson Pandack

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR

Walter Brooks Bradley Inc., Balto., MD 21222



# STATE OF MARYLAND

401450 H

5. DATE OF BIRTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	7	0	1
5	REG. NO.	U	2

8 / REG. NO.	1	-)		1
20 DATE OF DEATH MONTH	-/8	YEAR	26. HOL	PN
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNE	RIYEAR	IF UNDER	24 HRS
88 <sub>YRS</sub>	MONTHS	DAYS	HOURS	MIN.

WHITE 25 76 CITIZEN OF WHAT COUNTRY? LISTATE OR FOREIGN RUSSTA USA

4 RACE

ulius

MARRIED NEVER MARRIED

"NOV. 15, 1898

9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY

IO CITY OR TOWN OF DEATH BALTIMORE

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 2905 FALLSTAFF RD. APT. 15

12a, USUAL OCCUPATION INVESTOR

126 KIND OF BUSINESS OR REAL ESTATE

APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH

Sudder

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) MARYLAND

STATE REGISTRAR

DECEASED NAME

TYPE OR PRINTI

3. SEX

13c. CITY OF LOWN

13d INSIDE CITY LIMITS? YES P NO [ 15. MOTHER'S MAIDEN NAME

13 STREET ADDRESS STREET RD. A PT. 15 #21209

14 FATHER'S NAME

ROBINSON

FIRSTSHIFRA

UNKNOWN SIDNEY ADDROBINSON APT. 15

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, HONDUNKHOWN) HEYES GIVE WAR OR DATEST

cause (a), stating the

underlying cause last

"ISADORE

166 SOCIAL SECURITY NO

17 INFORMANT 2905 FALLSTAFF RD.

BALTO., MD 21209

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (b)

DUE TO OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

90 DATE OF OPERATION

216. TIME OF INJURY

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? NOF 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2)

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

HOUR A.M. MONTH DAY YEAR P.M

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

200 AUTOPSY?

21d. INJURY OCCURRED WHILE NOT WHILE

21e PLACE OF INJURY

211 LOCATION

COUNTY CITY OR TOWN STATE

206. IF YES, WERE FINDINGS USED

220-1 certify that (1) (this haspital) cuttended the deceased from 101 December saw the deceased alive on the bady after death and that in (my) (aur) apinion death occurred an the date and have and from the causes stated DEGREE 22¢ DATE SIGNED

ATTENDING 22e ADDRESS

STAFF PHYSICIAN APPRECTOR PHYSICIAN

8

236 NAME OF CEMETERY OR CREMATORY

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

230 BURIAL CREMATION REMOVAL BURTAL

236. DATE JAN.27,1987

HEBREW YOUNG MEN

BALTIMORE

MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

9 8

m

24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD.

BALTO MD

SOL LEVINSON & BROS., INC.

21215

Adia Nindra P



5

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	7	n	1
,	REG NO.	0	

11 1 3	deg.	-
		1

	REGISTRAR	CERTIF	ICATE OF DEATH	8 REG NO	o. U 1 3	i O
4 1 DE	CEASED NAME FIRST	MIDDLE	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
(117)	hucy	Pob	inson		11787	3 A M
3. SE	X 4. RACE	5. DATE (	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY} IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	+	1	OF BIRTH	8-3	YRS	
	IRTHPLACE (STATE OR FOREIGN 76. CITIZEN	OF WHAT COUNTRY?	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
(PR	INCETON N.C.	15H WIDOW		But	i at	MD.
10 CI		OF HOSPITAL, NURSING HOME (	OR OTHER INSTITUTION	12a. USUAL OCCUPATI		F BUSINESS OR
10/	natto, 12	hearty the	weal Cerites	DOMEST	10 -	
	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTED TO THE STATE 136 COUNTY	130. CITY OR JOWN	13d. INSIDECITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	11.
1/	MARY AMO	BALLIMER	YES NO	2537 W	Baltimone:	5x,2122
14. FA	ATHER'S NAME MIDDLE	IAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	/ LAST	-1
VV	Vi IIIAM	Wheren	15 Parce	ADDRE	VINC	exT.
	WAS DECEASED EVER IN U.S. ARMED FORCE YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DAT		17. INFORMANT	ADDRE	1 11 11 11	11
	No I -		ICIALA IN	DUNE 241	N, HIJTON	54.
	18 CAUSE OF DEATH (Enter only one caus PART I. DEATH WAS CAUSED BY.	1010			BETWEEN	MATE INTERVAL
	IMMEDIATE CAUSE	MSH142H	N BUENW	NHIM		
	DUE T	O, OR AS A CONSEQUENCE OF			202 001	
-	Canditians, if any, which	WEJASIAJ	1c CAAcin	om # 01-1	Coron	
		O, OR AS A CONSEQUENCE OF				
		)				
NO	PART 2 OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART TO	1
CATIO	19g DATE OF OPERATION 19b CO	ONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN	IGS LISED
SE SE	178 DATE OF OPERATION	NADITION TON WINCH OF ENATIC	WAS TEN ONMED		IN CERTIFYING CAUSES	
CERTIFI	210 ACCIDENT WAS UNDERLYING 216. Th	ME OF INJURY	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INITIAL		NO []
1	OR CONTRIBUTING CAUSE OF DEATH	R A.M. MONTH DAY YEAR		(Enternation of Mose		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  71d INJURY OCCURRED  71e. PL	P.M. 19 ACE OF INJURY	21f. LOCATION			
ME	WHILE NOT WHILE	AE STREET FACTORY OFFICE, FARM ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
	AT WORK	Ash Asses I Con	L-1 10 91	. 111	(300 )	that (1) (we) last
	220 L certify that (I) (this haspital) attends	16	nd that in (my) (aur) apinian i	death accurred an the de		
	abave, (1) (we) (did) (did not) view the	oady alter death.	DEGREE		22¢ DATE	
1.63	hat a		ATTENDING	MEDICAL STAI	FF II.	1911
-	794 PHYSICIAN'S NAME (TYPE OR PRINT)		PHYSICIAN [	DIRECTOR PHYSIC	IAN	1141
	1) - 1	Lu cuots	3 1 . 3	LIDAN IL LE	A A	1
220	11/600 11		EMETERY OR CREMATORY	23d LOCATION	CITY IAC	تار
230	BURIAL, CREMATION, REMOVAL 23b DAT			CITY OR TOWN	COUNTY	STATE
24 E	Burial 1/	24/87   Selma	Mem. Garden	E REC'D. BY REGISTRAP	256 REGISTRAR'S SIGNAT	URF
24.1	W.C. March F.H. 4300	Wabash AVO	234. 0 %1	LILO O ADOT	. A . a . a	OIL.
	10.00 1101011 1 111 4300	Habasii MVC.		THE PARTY OF THE P	Pholisa Donad	12 1

FOR

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E G	3. SE	X	4. RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS LAST B
ge 4		female	blac	k	A GATH	23	YEAR 7	69
A STATE OF THE STA		COUNTRY) N.C.		WHAT COUNTRY	Y? 8. MARRIEI WIDOWE	NEVER M	ARRIED -	Baltimore CITY Baltim
48		TY OR TOWN OF DEATH  1 timore	11. NAME OF	HOSPITAL, NURS CH FACILITY, GIVE STRE C Gener	ING HOME C	R OTHER INSTI	TUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Disabl
LAND 117 in 24 min 24 spould the er most	UŞU 13a. :	AL RESIDENCE (IF NURSING HOME OF STATE Md		Baltim		13d. INSIDE CIT	Y LIMITS?	130 STREET ADDRESS
with with With Williams		TAMES	MIDDLE Unkr	nown Robin	rson	15. MOTHER'S Winn		WIDDLE
BALTIMORE, M. The be executed the service of the se	16a V	VAS DECEASED EVER IN U.S. AR YES, NO OFFICIAL OWN) (IF YES, GIV	MED FORCES? VE WAR OR DATES)	238-05		Georg	e Wil	liams 18
RECORDS, 201 W. PRESTON ST.  low requires that the contract of the remain that the please remains content to briad, cremation to briad, cremation to so any injury, or other traumatic events.	TION	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, O	bell	DEATH BUT	mell	O THE TERMI	(s)
VITAL RECO	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHIC	H OPERATION			YES NO
SION OF VITAL PHYSICIAN: The ending physicio this certificate is the buriol-tronsit ad Mental Hygie d or frem 18 sho		210, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA		OF INJURY .M. MONTH I .M.	DAY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF IN)
DIVISION OF VITAL DING PHYSICIAN: The or offending physicion After this certificate he eas the buriol-tronsit polith and Mental Hygien marked or item 18 show	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC )	211 LOCATION	٧	CITY OR T
ATTENDIN TOTOR: A for use of Health		27a.1 certify that (1) (this hospital) attended the deceased from						
TAL OR A y the hos RAL DIREG detached rate Dept.		226. SIGNATURE	M	Won	m	DEGREE AT PH	TENDING HYSICIAN	MEDICAL STA
FO HOSPIT efoined by TO FUNER Should be with the Str		ADRIAN	G. I	DIXC	N	150 J	DIV	15,000 S
7 - F - S - S		BURIAL, CREMATION, REMOVAL	23b. DATE	230	NAME OF C	METERY OR CE	REMATORY	23d LOCATION CITY OR TOWN

1101

E. North Avenue

040309

DHMH - 16 60M 7/84

(VRA 15, 4)

item # 14, F im G 623, 1/14/8/ rja STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME MIDDLE LAST FIRST (TYPE OR PRINT) Robinson 2 1987 Pearl IF UNDER I YEAR IRTHDAY) IF UNDER 24 HRS YRS OR COUNTY OF DEATH ore city A LION 12b. KIND OF BUSINESS OR ED INDUSTRY MD. ting Street  $Byrd^{LAST}$ RESS 16 Etting Street VDITION GIVEN IN PART Tra 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] URY IN ITEM 18 PART 1 OR PART 21 COUNTY STATE \_\_\_\_\_\_\_, that (1) (we) last date and hour and from the causes stated 22c. DATE SIGNED STATE 1/8/87 | Eastview Cemetery Baltimore Burial Md 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE C. March F/H



tem # 5, G. 624, 2/5/87 Gbj.

DHMH - 16 60M 7/84 (VRA 15, 4)

23c NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

OWING'S"MILLS

2b. HOUR

12b. KIND OF BUSINESS OR RETAIL

STSKIND

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STAT MD

APT. 3D

LANE

#21211

COUNTY

BALTO.

22c DATE SIGNED

1-26-87 NEW HAR SINAI BURIAL 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215

23b. DATE

23a. BURIAL CREMATION, REMOVAL

30 11 0 levand Midwell of the Contract

pope 3CO

mpletely filled in by the funeral director, p and 2 should be filled within 72 hairs after

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	į	5	5

I - STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0 : 5	
TOPECEASED NAME	MIDDLE	D. D. C. C. C. C.	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
THE RESERVE AND ADDRESS OF THE PARTY OF THE	NA. A.	TODG EKS	1-6-198	/	1:00 A.
Semile.	I RAGE Lite	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS	HOURS MI
Ja-BRTHPEACE	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OF		
Jow Herh	U.S.A.	WIDOWED TO DIVORCE	_ / < 10 / .	ne Cartes	,
Gattenne	11. NAME OF HOSPITAL, NURS (IF NOT INSUCH FACILITY) GIVE STREE (1002 N & MARCH	// 1.4. 0		WORKING LIFE) INDUSTRY	- 70
DOUAL RESIDENCE (IF NURSING HOME OF		WN 113d. INSIDE CRY LIM		ZIECODE A	2121
IL FATHER'S NAME	HAIDDLE LAST	15. MOTHER'S MAID	EN NAME  MIDDLE  MIDDLE	LAST	
160. WAS DECEÁSED EVER IN U.S. A (YES, NO ORUNKNOWN) (IF YES, G	REMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES)	1 1 1 0	Eulotta 100	2 W. Lomba	113 St
18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b), o	ind (c).)	٧.	APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEA
	ATE CAUSE (a)	on concen	orna with m	etustases !	year
Conditions, if ony, which	( (b) a	Dettes secon	lary to liver	metasteres	
gave rise ta immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	mellitus, hi	DEATH BUT NOT RELATED TO TH	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (	GS USED OF DEATH?
gave rise to immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  Diabeta  190 DATE OF OPERATION	(c)	DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR COND  LESSURE  200 AUTOPSY?  YES NO 1	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES ( YES [	GS USED
gave rise ta immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  Deabaca  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER MOTIFY MEDICAL EXAMIN	CONDITIONS CONTRIBUTING TO MEDITUS hu 196 CONDITION FOR WHICE  216 TIME OF INJURY HOUR A.M. MONTH	DEATH BUT NOT RELATED TO THE OPERATION WAS PERFORMED  DAY YEAR  19	E TERMINAL DISEASE OR COND  LESSE  200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES ( YES [	GS USED OF DEATH?
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gave rise ta immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  DIADELEC.  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN	(c) CONDITIONS CONTRIBUTING TO MEDITURE  196 CONDITION FOR WHICE  216. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	DEGREE	TERMINAL DISEASE OR CONDINESSURE  200 AUTOPSY?  YES NOW  CITY OR TOW  CITY OR TOW  PINION death occurred an the da	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES ( YES  YES ( Y	GS USED DF DEATH? NO  STATE hat we) I
GOVE TISE to immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  DIABLECT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR CONTRIBUTING AUSE OF DIFFERENCE OF CONTRIBUTING CAUSE OF DIFFERENCE OF CONTRIBUTING CAUSE OF DIFFERENCE OF CONTRIBUTING CAUSE OF DIFFERENCE OF CONTRIBUTION CAUSE OF DIFFERENCE OF CONTRIBUTION CONT	CONDITIONS CONTRIBUTING TO  TOONDITIONS CONTRIBUTING TO  THE STATE OF INJURY HOUR A.M. MONTH P.M.  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE pital) attended the deceased from 23 Dec 19 not) view the bady after death.	DEGREE  DECATE  DECATE  DECATE  DECATE  DECATE  DECATE  DECATION  DAY YEAR  19  211 LOCATION  STREET  DEGREE  ATTEND  PHYSIC  220 ADDRESS	TERMINAL DISEASE OR CONDINESSULE  200. AUTOPSY?  YES NOW  CITY OR TOV  CITY OR TOV  PINION death occurred an the da  ING MEDICAL STAFIAN DIRECTOR PHYSICI	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES COUNTY COUNTY COUNTY 19 PART 1 OR PART 2)  THE OND HOUSE OF THE COUNTY COUNTY 19 PART 1 OR PART 1 OR PART 2)	GS USED DF DEATH? NO  STATE that (Pywe) I auses stated
Gove rise to immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  DIABLECT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  220. I certify that (1) This has saw the deceased alive a above we) (find) (did in 22b. SIGNATURE)  22d. PHYSICIAN'S NAME (TYPE	CONDITIONS CONTRIBUTING TO  MELLITUS  196 CONDITION FOR WHICE  216. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE  197 CONTRIBUTION OF PRICE  197 CONTRIBUTION OF PRICE  198 CONTRIBUTION OF	DEGREE  DECATE  DECATE  DECATE  DECATE  DECATE  DECATE  DECATION  DAY YEAR  19  211 LOCATION  STREET  19  DEGREE  ATTEND  PHYSIC  220 ADDRESS	TERMINAL DISEASE OR CONDINESSURE  200 AUTOPSY?  YES NOW  CITY OR TOW  CITY OR TOW  SC. to JAC  PInion death occurred an the da  STAF  IAN DIRECTOR PHYSICIAL  PHYSICIAL  CHARLES STAF  IAN DIRECTOR PHYSICIAL  CHARLES STAF  IAN DIRECTOR PHYSICIAL  CHARLES STAF  IAN DIRECTOR PHYSICIAL  CHARLES STAF   20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES COUNTY COUNTY COUNTY 19 PART 1 OR PART 2)  THE OND HOUSE OF THE COUNTY COUNTY 19 PART 1 OR PART 1 OR PART 2)	GS USED DF DEATH? NO  STATE hat (Pywe)	

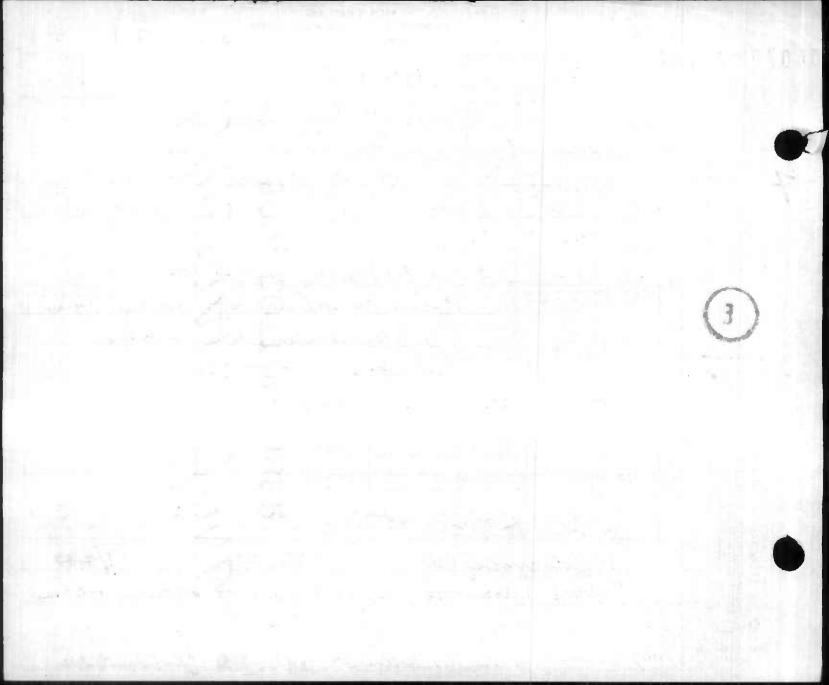
(VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate hos been signed by the should be detached for use as the build-fromat permit. Then please this with the State Dept. of Health and Mantal Hygiene prior to build. Dept.

TO HOSPITAL OR ATTENDING PHYSICIAN, The low-retained by the hospital or attending physician.

BP

DHMH - 16 60M 7/84



	RYLAND	AR	M	OF	TE	STA
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15 0	-		1.9	10
2 /			Veg	-
8 REG. N	0	3	100	le le

Maryland  10 CITY OR TOWN OF DEATH  11. NAM  (IF NO  BALL MOVE  WISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTIT  13a, STATE  Maryland  14 FATHER'S NAME  FIRST  JOHN  18 CAUSE OF DEATH (Enter only one cou- PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE  OCCUPANTION OF DEATH (Enter only one cou- PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE  OCCUPANTION OF DEATH (Enter only one cou- PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE  OUT  OUT  OUT  PART 2 OTHER SIGNIFICANT CONDITION  DIABATE) mellite  PART 2 OTHER SIGNIFICANT CONDITION  OUT  OUT  DIABATE) mellite  OUT  OUT  OUT  OUT  OUT  OUT  OUT  OU	MIDDLE  Mildred  The Mildred  NOF WHAT COUNTRY?  U.S.A.  THE OF HOSPITAL, NURSIN TO IN SUCH RESIDENCE BEFOR  13c. CITY OR TOW  Baltimo  LAST  Bachma  CES?  16b SOCIAL SECU  212-05-1	MARRIED NEVER / WIDOWED DI  MODE OR OTHER INS' T ADDRESS!  Key Me  RE ADMISSION) WN 13d INSIDE C  YES X  IS MOTHER:  URITY NO. 17 INFORMA  148 John  Ind Ic I // ne.ss  JENCE OF  P PLESSURE	DEATH  YEAR  //3  MARRIED   9  DIVORCED      Edical      CITY LIMITS?   1  NO      YEAR  ON ARRIED   9  PRINTING   1  PRINTING   1  R. Root	REG. NO.  DATE OF DEATH MONTH  AGE (IN YEARS LAST BIRTHDAY)  PAYRS  BALTIMORE CITY OR COUNTY  BALTIMORE CITY OR COUNTY  BALTIMORE CITY OR COUNTY  TYPE OF WORK FOR MOST OF WORKING LIF-  COOK— Winterli  BESTREET ADDRESS / ZIP CODE  637 S. Decker	Ave. 21224  Eydeloth
1. DECEASED NAME FIRST  (TYPE OR PRINT)  3. SEX  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  10. CITY OR TOWN OF DEATH  11. NAM  BAH MDC  133. STATE  Maryland  14. FATHER'S NAME FIRST  JOHN  160. WAS DECEASED EVER IN U.S. ARMED FORE (YES NOOR UNKNOWN)  18. CAUSE OF DEATH IEnter only one country  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE  DUE  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITION	Mildred  NOF WHAT COUNTRY?  U.S.A.  NE OF HOSPITAL, NURSIN IT IN SUCH FACILITY, GIVE STREET  MISTORY F- LO  IT IN SUCH FACILITY, GIVE STREET  MISTORY GIVE RESIDENCE BEFOR  IT IN SUCH FACILITY, GIVE STREET  MISTORY GIVE RESIDENCE BEFOR  IT IN SUCH FACILITY, GIVE STREET  MISTORY GIVE RESIDENCE BEFOR  IT IN SUCH FACILITY, GIVE STREET  BALTIMO  LAST  BACHMAN  CES?  16b SOCIAL SECT  212-05-1  USE PER IMPRIED TO J. (b), or  10. OR AS A CONSEQUE  TO, OR AS A CONSEQUE  TO STREET TO	S. DATE OF BIRTH MONTH ONY OF  S. DATE OF BIRTH MONTH ONY OF  S. DATE OF BIRTH ONY OF  S. DATE ONY OF  S. DATE ONY ONY OF  S. DATE ONY	MARRIED   9  MARRIED   9  MORCED   10  POTORIED   11  POTORIED   12  POTORIED   12  POTORIED   13  POTORIED   14  POTORIED   14  POTORIED   15  POTORIED   1	AGE (IN YEARS LAST BIRTHDAY)  AGE (IN YEARS LAST BIRTHDAY)  YRS  BALTIMORE CITY OR COUNTY  BALTIMORE CITY OR COUNTY  OUSUAL OCCUPATION  1YPE OF WORK FOR MOST OF WORKING LIF  COOK— Winterli  18. STREET ADDRESS / ZIP CODE  637 S. Decker  MIDDLE  K.  ADDRESS	F UNDER I YEAR IF UNDER 2  OF DEATH  OF DEATH  AVE. 21224  Eydeloth  21234  APPROXIMATE INTER  BETWEEN ONSET AND IT  7240 UT
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CALIFE OF DEATH HO	UR A.M. MONTH D	DAY YEAR			
	PLACE OF INJURY	21f LOCATIO	ION		
	OME, STREET, FACTORY, OFFICE,		ET	CITY OR TOWN	COUNTY \$1
AT WORK AT WORK  220.1 certify that (II (this hospital) attended	1.1.1.1.1.1.1.1	0-14 27	19 86	to January 31	10.83
220 Certify that (i) (this hospital) after	JARY 3/ 10	8 7 and that in (my)		oth occurred on the date and hou	19 that (I) (w
sow the deceased alive on JAnobove, (1) (we) (did) (did not) view the	e body ofter death.	DEGREE		on occord on the dote one floo	22¢ DATE SIGNED
M. I.S. & R. A.	1- 0		ATTENDING	MEDICAL STAFF	1 3 / P
Dela	whome - M	7)	PHYSICIAN	DIRECTOR   PHYSICIAN	1-31-01
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	/ .	22e ADDRES		1 2 ./	
22d. PHYSICIAN'S NAME (TYPE OR PRINT)  PRICHARY  22d. PHYSICIAN'S NAME (TYPE OR PRINT)  Michaele F. Belland  23a PURPAL CREMATION BEHOVAL 23b Da	ton, mo	2500	O EASTE.	on HURAVE BALTA	nore, mo 212
230 BURIAL, CREMATION, REMOVAL 238. DA	ATE 23c	NAME OF CEMETERY OR	CREMATORY	23d LOCATION	EQUATY ST
	07				Maryland
24 FUNERAL DIRECTOR	-0/ I H	olv Redeemer	•	Baltimore, RECID. BY REGISTRAR 256 REGIST	
(SPECIFY) Burial 2-3	ATE 23c.			23d LOCATION	COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck,

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INIQ	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certilities executed within 24 hours after death.
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3 SEX

STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO Ahna 1 DECEASED NAME (TYPE OR PRINT) 20 DATE OF DEATH MONTH DAY YEAR 2b. HOUR 87 4 RACE 5. DATE OF BIRTH (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 16 92 DAYS 76 CITIZEN OF WHAT COUNTRY? 18. 9. BALTIMORE CITY OR COUNTY OF DEATH

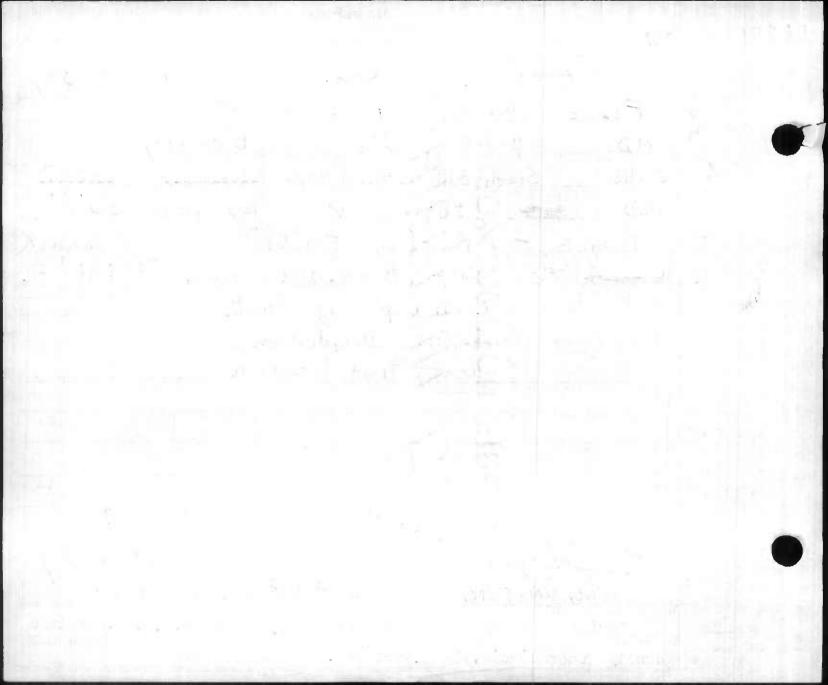
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3	C	bato.		South	OSPITAL, NURSIN HEACILITY, GIYESTREET. Balt: wor	ADDRESSA 2 (TQ)	or other institute	SD.	(TYPE OF WORL	OCCUPATION FOR MOST OF	WORKING LIFE)	126 KIND OF E	BUSINESS, OR nemaker
1	130. S	MD	136 COUN		GIVE RESIDENCE BEFORE		40	40 🗆		ADDRESS/ Light	ZIP CODE	3alto.1	
8	14. FA	THER'S NAME Fredoric	K	MIDDLE	Kauff	man	Eli	rst Kath 3a net	ryn	MIDDLE		Fisher	beck
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9	MEDICAL CERTIFICATION	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	DERLYING CAUSE OF DEA	21b. TIME O HOUR A.I	F INJURY M. MONTH DA M.		21c. HOW INJ	URY OCCURRI	YES 🗌	ноП	IN CERTIFYI YES	ING CAUSES OF	
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34	24 FL	Burial CREMATION, SPECIFY) Buria UNERAL DIRECTOR CUILLY FU	l Ralt	236. DATE 1/31/ 0.Md.2 1. Home	1987 C	odar Dort	Hill (	emt.	_	alto.		O.Marj	

DHMH - 16 60M 7/B (VRA 15, 4)

retained by the hospital or

BP.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending is should be detached for use as the burial-transit permit. Then please remove carbons with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem attending physician.



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STATE OF MARYLAND	
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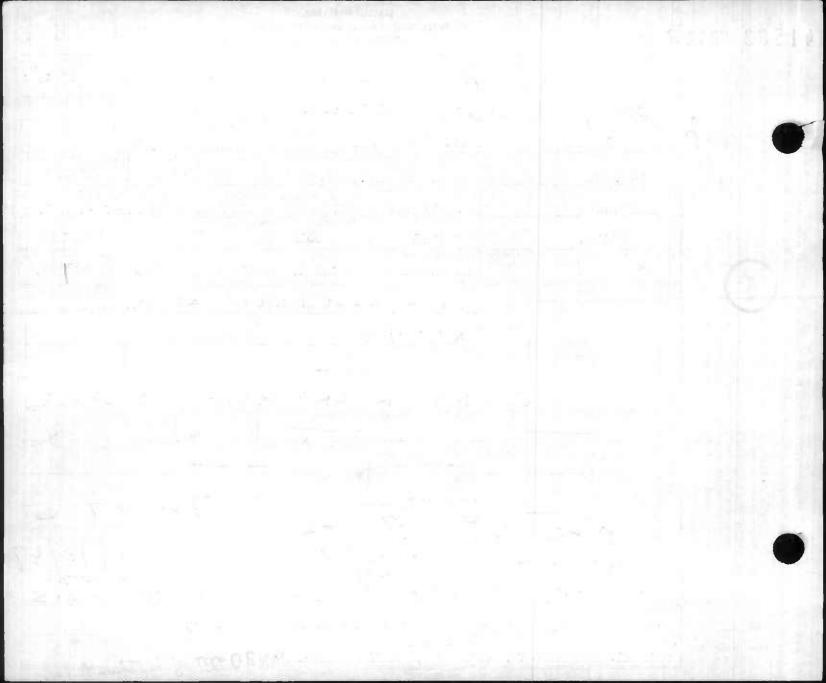
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	REG. NO.	0	!	5
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6 36	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HYG	IENE 8 7	0 !	5 5 4
	ECEASED NAME FIRST	WIDDLE	L.	LAST		ONTH DAY YEAR	2b HOUR
(1YP	PE OR PRINT) HEL	EN F	J	ROSENBERG	JANUARY 8	. 1987	12:45 <sup>P</sup>
3. SE		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH	DAY IF UNDER I YE	
]	FEMALE	CAUCASIAN	SE	PT. 8, 1893	93	YRS MONTHS DAY	YS HOURS MIN.
b 32	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUP	MARRIEI WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY OR BALT IMORE		MD.
10 0	BALTIMORE	11. NAME OF HOSPITAL, N (IFNOT IN SUCH FACILITY, GIVE 6210 PARK HE	E STREET ADDRESS)		126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF VHOUSEWI		O OF BUSINESS OR
5 130.	UAL RESIDENCE (IF NURSING HOME O STATE 136 COU	NTY 132 CITY OF	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YESXXX NO [	13e.STREET ADDRESS / 2 6210 PARK	ZIP CODE (2121 HEIGHTS AV	5) E.,APT. 50
00	FATHER'S NAME ISRAEL	MIDDLE LA	INE	15. MOTHER'S MAIDEN NAM	AE MIDDLE	НС	DESWEIG
160	WAS DECEASED EVER IN U.S. AF	N/E MAR OR DATES	2-1130	ELAINE R. RO	ADDRESS SENBERG 6210	APT. 505 PARK HEIO	SHTSAVE.
CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION  CONDITIONS CONTRIBUTION  19b CONDITION FOR V	1, 1	LZHEIR	200 AUTOPSY?	TION GIVEN IN PART  D \ S \  20b IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED
I I					YES NO	YES [	
0 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY					NO NO
1 1 1	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTE	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2	
MEDICAL		HOUR A.M. MONTE	7 19	21t. HOW INJURY OCCURR 21t LOCATION STREET	ED (ENTER NATURE OF INJURY  CITY OR TOWN		
1 1 1	(IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (II) this happy	ATH HOUR A.M. MONTI P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)  from	21f LOCATION	CITY OR TOWN	COUNTY	STATE
1 1 1	(IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOTIFY HOLD AT WORK  220.1 certify that (II) this ways  100 the day and difference of the day and day an	HOUR A.M. MONTI P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC.)  from	21f LOCATION STREET . 19 nd that in Car Your pinion of	CITY OR TOWN	22c. DA	STATE  ., that (I) (We) ast the causes stated
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (I) this way of the second o	HOUR A.M. MONTI P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	from 19 7, or	21f LOCATION SIREET  19_ Ind that in tany Lour opinion of PHYSICIAN ADDRESS	city or town  , to	22c. DA	STATE  ., that (I) (we) ast the causes stated
WEDICAL WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that (II) this way  11 51CH AURE	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C  anoth, ottended the deceased  Di view the body after death.  OR PRINT)  1 23b. DATE  1/11/87	from 19 , or	211 LOCATION STREET  19 Ind that in Law Gurl printer of Physician	MEDICAL STAFF DIRECTOR PHYSICIA  234 LOCATION	e and hour and from the state of the state o	STATE  7. that (I) we past the causes stated with the cause stat

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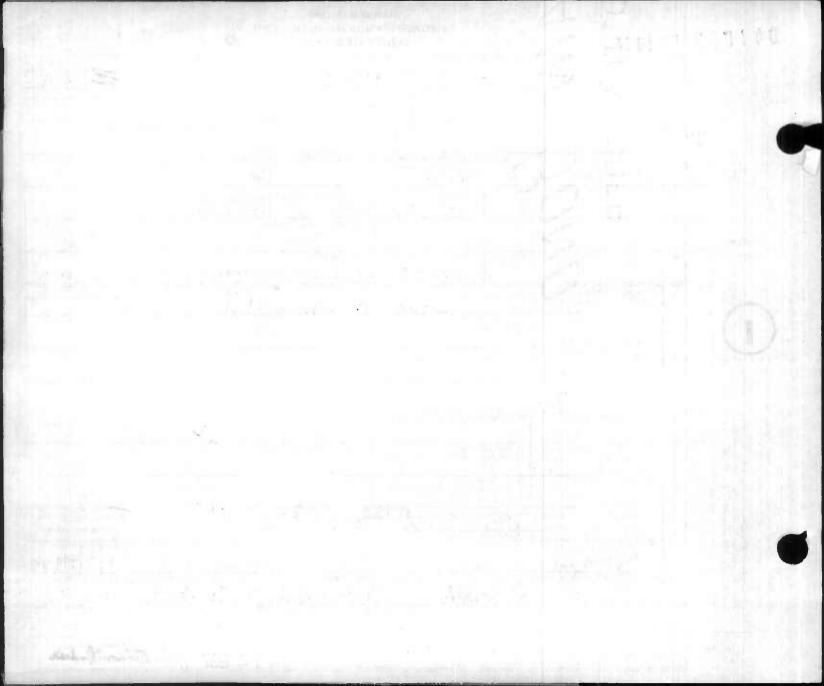
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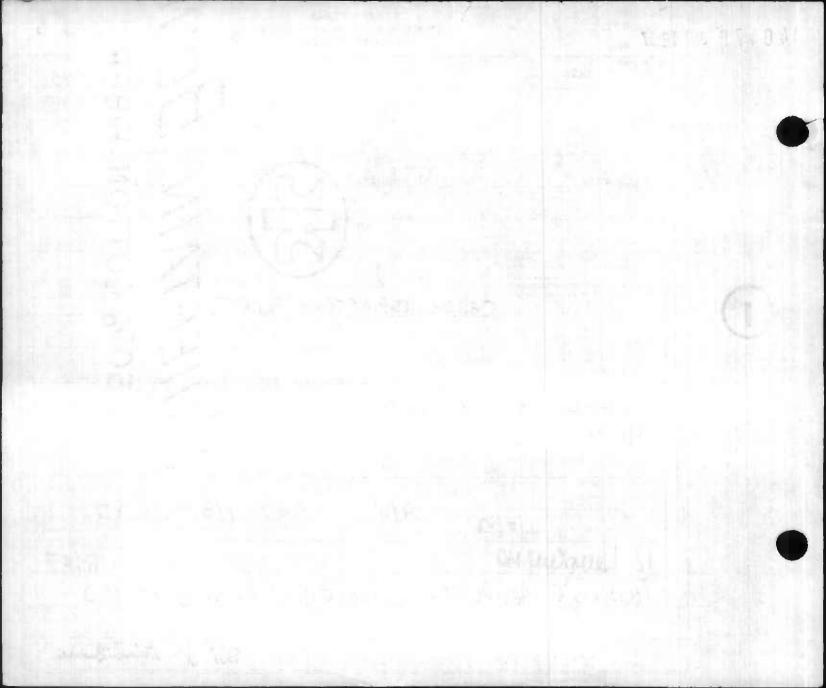
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041083	JAR	FOR Per F.H.	1/20/8/		MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	0	1 5	5 5
oy be deoth	1 DE	CEASED NAME FIRST OR PRINTS		VIDDIE	losen	JTHAI		MONTH DAX 7	YEAR	26 HOUR A
4 may	3 SE		4 RACE white			25-1912 YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN
h. Page		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
the tyneral a within 72 and within 72		Y OR TOWN OF DEATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET		DIVORCED DIVORCED DR OTHER INSTITUTION	Baltimore	ON 12	b. KIND OF	MD. BUSINESS OR
ours a lin by be file	USU	L RESIDENCE (IF NURSING HOME TATE 136 CO	Mercy H	lospital GIVE RESIDENCE BEFOR	E ADMISSION)		Self Emplo		Retir	ed
tely filled 2 should b	I	THER'S NAME	JINIT	Balto. C		YES NO NOTHER'S MAIDEN NA	508 Cathed:	ral Stre	et, l	Balto. 21201
omplet omplet	14- 14	Fred  (AS DECEASED EVER IN U.S.,		senthal	IBITY NO	Dora 17. INFORMANT	ADDRE	cc	Smith	
be exec an and s. Pages medica	100 0		GIVE WAR OR DATES)	213-20-3		Glen Marie Ro	senthal, 50	8 Cathed		
physics paper moval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per SED BY: ATE CAUSE (a)	line far (a), (b), on Seps	sis S	of infram	alto., MD 2.	1201	APPROXIM BETWEEN O	ATE INTERVAL NSET AND DEATH
by the standard on the standard of the standar		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	R AS A CONSEQU						
equires to signed Then ple r to burio injury, or	NOI	PART 2 OTHER SIGNIFICAN	enal F	DITRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN	PART Ita	
he low ron. has been to permit tene pria	CERTIFICATION	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
g physici g physici ertificate ial-transi ntol Hyg tem 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	EATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 21	
of PHYS care this care this care the burner ond Merked or H	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME STR	OF INJURY BET, FACTORY OFFICE, I	FARM ETC )	211 LOCATION STREET	CITY OR TO	WN (	OUNTY	STATE 7
TTENDIN pritol or TTOR: Aff for use o of Health 21 is most		22a. I certify that (1) (this hose sow the deceosed alive obove, (1) (we) (did) (did	on To	19		d that in (my) (our) opinion	todeoth occurred on the do		from the c	nat (I) (we) lost ouses stated
PITAL OR A by the hos IERAL DIREC se defoched Stote Dept. ANT: If Hem		226. SIGNATURE  WORKS  226 PHYSICIAN'S NAME LIVE	Q,	Jely		ATTENDING PHYSICIAN	MEDICAL STAF	F	221. DATES	TES 87
o HOSPITAL efoined by to TO FUNERAL should be def with the Stofe		MICHAE	A 51	ALSI		HERRY HOTE.	301 57. 98	107 61 6	ALTO	MD.
BP	230. Bu	URIAL, CREMATION, REMOVA SPECIFY Cial	23b. DATE 1-12-87		NAME OF C		Balto.			Lto., STATE MD
DHMH - 16 60M 7/84 (VRA 15, 4)	Jo!	nn MG. Miller,	Inc., 643	15 Belair	Road	, 21206 250 DAT	1 1 4 1987	when Derry	was R	RE



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JIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		
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	1			STATE OF MARYLAND		
79 JA	45	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	GIENE 8 / REG. NO.	01550
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
er deoth	(,,,,,,	Elsie	E	oss	1	6 8 1 0450m
	3 SE	(	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Female	White	09 -20 -05	81 YRS	MONTHS DATS HOURS MIN.
2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8	9 BALTIMORE CITY OR COUN	
53		est Virginia	U.S.A.	MARRIED NEVER MARRIED WIDOWED X DIVORCED	BAltimore Cit	EV MD.
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
14		BAltimore /	Union Memoria		Homemaker	G LIFE) INDUSTRY
+	#SU	AL RESIDENCE (IF NURSING HOME O	OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)		
1		aryaand Ca	rroll Sykesv		13e.STREET ADDRESS / ZIP CO	ille Road 21784
		THER'S NAME		15. MOTHER'S MAIDEN NA		TITE ROAU ZI704
26	1	FIRST	L. Mver	s Virginia	a Mae	Wiles
-	16g V	George VAS DECEASED EVER IN U.S. AI			ADDRESS	MITED
7		ES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	-2586 Mrs. Jane	Dringo Culto	sville, MD 217
	-	NO   -			FIIICE SYKE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I, DEATH WAS CAUSE	nly one couse per line for 101, (b), o	"MESPIRATORY !	ANNEST	BETWEEN ONSET AND DEATH
		IMMEDIA	TE CAUSE (o)	T. COLLINGTON T	IIII III	
		ALSO 578 (5)	DUE TO, OR AS A CONSEO	JENCE OF		
		Conditions, if any, which	(b)			
		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEO	JENCE OF		
			(c)			
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
	CERTIFICATION	19a DATE OF OPERATION	LECC CA VI	H OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
	E S	9/11/86	COMMIN	(A. /. 1) \/A	UN CER	RTIFYING CAUSES OF DEATH?
1	E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	131 HOW IN HIP OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM	YES NO
G		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	LEG (ENIER NYTORE OF INJORE IN THEM	IS CARL OR PART ()
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
	ME	WHILE NOT WHILE	(AT HOME STREET FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
		AT WORK		0/11 06	1/6	67
		22a. I certify that (I) (this hasp saw the deceased alive or	ital) attended the deceased from	and that in (mu) (our) entring	death accurred on the date and I	
		obove, (1) (we) (did) (did no	ot) view the body after death		deoth occurred on the gote ond i	
		22b STGNATURE	MILL	DEGREE	MEDICAL STAFF	220. DATE SIGNED
2		15 damba	M Lb	PHYSICIAN	DIRECTOR PHYSICIAN	11018,
1		22d. AHYSICIAN'S NAME TYPE		22e ADDRESS	1 0 4 1 4 0 0	110
-		1 KONAUD E	HEMPLING	1201EUNI	V. PKWY BA	CT. MU
	23a E	SURIAL, CREMATION, REMOVAL	. 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
		BURIAL	01-09-87 S	PRINGFIELD CEME	TERY SYKESVILL	E CARROLL MD
/84		INERAL DIRECTOR		25a DA	TE REC'D. BY REGISTRARIZS REG	
7784		HAIGHT FUNER	AL HOME SYKES	VILLE, MD JAN	18 198/ Bulle	Dandery Condesion



ral director, page 3 72 hours after death

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR STATE REGISTRAR		DEPARTM		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 7	NO.		5	5 /
	EASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR
TYPE	James A1	nthony	Ross	5		1.00	1	4	87	6:40 ar
3. SEX		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY	MONT	DER I YEAR	IF UNDER 24 HRS
М	ale	Whit	e	Dece	ember 26, 1914	72	YR		DATS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COU	NTY OF	DEATH	
	ountry) ennsylvania	U.S	. A .	WIDOW		Balt	imore	Cit	V	MD
	TY OR TOWN OF DEATH	. NAME OF		G HOME	OR OTHER INSTITUTION	12ª LISHAL OCCUP	IAONI	110	IL KIND O	E BLICINIECE OR
В	altimore	St. Ag	nes Hospi	tal		Retired	Shop.	Fore	man-G	overnmen
13a. S		or other institution. INTY ltimore	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimor	N	134 INSIDE CITY LIMITS?	13. STREET ADDRES 974 Ma	s/zmccsefie	DDE 1d R	oad	21207
14 FA	THER'S NAME FRANCIS	WIDDLE	Ross		15. MOTHER'S MAIDEN NAME FIRST Cecili	MIDDLE			Dora	
	(AS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADI	PRESS			
Y		W II	219-05-1	547	Leona C. Ro	ss Sa	ame a	s # :	13	
	18 CAUSE OF DEATH (Enter of	inly one couse per	line for (a), (b), one	dieni					BETWEEN	MATE INTERVAL
	PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0)	Cardion	ulun	a ament				m	iniches
NO	gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  Brain immediate	CONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM		,	GIVEN IT		0
ATIC	190 DATE OF OPERATION				ON WAS PERFORMED	200 AUTOPSY?		_		NGS USED
IFIC				•		YES TI NOT				OF DEATH?
L CERTIFICATION	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 4	FINJURY M. MONTH DA	Y YEAR	216 HOW INJURY OCCUR		JURY IN ITEM		OR PART 2)	
MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMINE			19	THE LOCATION					
MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OF	TOWN		COUNTY	STATE
	220 I certify that (1) (1) sow the december of vivo a above, (1) (well discount of the certific of the certifi	- 1-	4 - 19	87.0	nd that in (my) (our) pinion (	death occurred on the	dote and	, 19_d	from the	that (li we) last
	226. SIGNATUIN	no			DEGREE  ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN D	_	22c. DATE	SIGNED 4-87
	220 PHYSICIAN'S NAME (TYPE	Pente	n mb		900 Caton A	ne Stofg	1125	1705	PB	Balt mD
23a. B	URIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	AME OF	CEMETERY OR CREMATORY	23d LOCATION		50	IINTY	STATE
В	urial	1/7/87	C	rest	lawn Cemetery	Marri		ille	M	laryland
24 EU	eroy M. & Russ	ell C. W	itzkannÆun	eral	Homes P 25e DAT	E REC'D. BY REGISTR	AR 256 REC	SISTRAR'	S SIGNAT	URE
	630 Edmondson				ND 21228 JA	N 5 1097	1 duli	Te	il.	0

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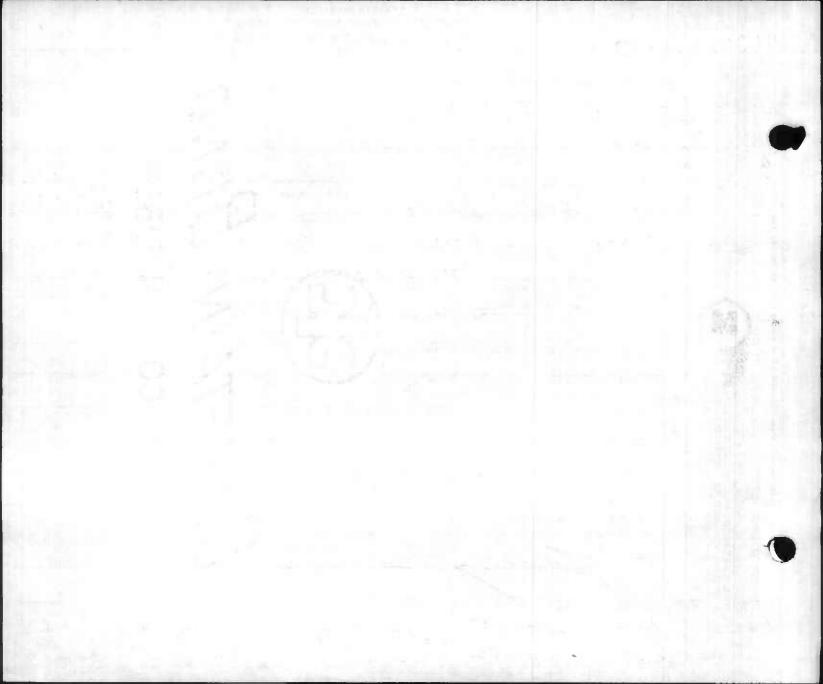
DATE REC'D. BY REGISTRAR

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07/84 BP **DHMH** - 17

(VR A15 ME (5))

24 FUNERAL DIRECTOR



					STATE OF MARYLAND		
		1-	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 7 0	1 5 5 9
			REGISTRAR			REG. NO.	
40953 JM	110	DEC	CEASED NAME FIRST OR PRINT]	WIDDIE	Dan	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
2 24		01	CENNI	Dean	FOWLEY		13 87 9:30 PM
1 4	,	3. SE)	-	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
8 95	1		-emale	W hite	1 24 03	YRS	
4 95 8	900		OUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	
1 1 6	0		unc- Va.	USA	WIDOWED DIVORCED		MD.
2 21 4	92	10 C1		THE MOST INTERLIGHT EACH INTO CITY CARE	NG HOME OF OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
100 c 44	1_		BAUTI	SOUTH BA	et. Gen. Hosp.	NONE.	Homemaker
12 Per se	31	USUA La S	AL RESIDENCE (JE NURSING HOME OR O TATE 136, COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE	RE ADMISSION) VD 113d INSIDECITY LIMITS?	13e STREET ADDRESS / ZIP COL	of Balto.Md.
AND THE STATE OF T	0		BAK A	ST BAN	YES NO	29 BIRRICH	EXO ST. 21230
THE PERSON NAMED IN	0	14 FA	THER'S NAME	IDDLE LAST	15. MOTHER'S MAIDEN	MIDDLE	724.1
W B PKC	30		UNK.	TREVI	LIMN UNK		JUK.
H 71	8/		AS DECEASED EVER IN U.S. ARM	TO THE PROPERTY OF THE PROPERT	URITY NO. 17. INFORMANT	B.Md ADDRESS 41	5 Magnolia Rd
IMO e	Ef			JIS17	3802 PT ( CI		teger. 21061
the state of the s	2		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for (a), (b), o	nd (ch.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T, phy			PART 1. DEATH WAS CAUSED  IMMEDIATE		PULMONARY A	RROST	
ON S	1		WYNTIE DETETTE				
STC Seculi	1		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	515		
2 211	1		gave rise to immediate couse (a), stating the				
N 10 7 10 1			underlying cause last.	DUE TO, OR AS A CONSEOL	re copi).		
20	2		PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION G	IVEN IN PART I I a
S 2 7 8 80	8	0					
0	100	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
A S NO S S S S S S S S S S S S S S S S S	177	#				and the state of t	YES NO NO
VIII.	9	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCC	JRRED (ENTER NATURE OF INJURY IN ITEM TE	PART 1 OR PART 2)
A STATE OF	54	A.	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D	AT TEAK		
DIVISION offer this of the ord Mer this ord	5 1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
Wis	post.	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC } STREET	CHTOKIOWN	COUNTY
D ST TO ST	E		22a I certify that (1) (this hospita	il) attended the deseased fram.	19 8	6 to 1113	, 19, that (I) (we) last
E 5 0 5 F	n n		sow the deceased alived abave, (I) (we) (did) (did		ond that in (my) (aur) apinio	on death occurred on the date and he	
4 2 W F F	5		22b. SIGNATURE	view the body after death.	DEGREE		22c DATE SIGNED
A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	=	-	4	Much	ATTENDING PHYSICIAN		1113187
SPET STEE	Z		224 PHYSICIAN'S NAME A YPE OR	PRINT	22e. ADDRESS	- Director - Tittsleista	
TO HOSPIFAL retained by IT TO FUNERAL should be deter	Ö	П	GUSTA	VEV. WEISS	3000	S. GANDIER S	G. KMIT MD
Of of Share	Š	23a B			NAME OF CEMETERY OR CREMATOR		MADITIAN
BP			Burial	1	T)	CITY OF TOWAL	e, A.A.Co.Md.
		24. FL	INTERNAL DIRECTOR		en Haven Mem. Po	ATE REC'D. BY REGISTRAR 256 REGI	
DHMH - 16 60M 7 (VRA 15, 4)	7/B4	MC	Cully Funeral	Md.21230 DORESS Home, 130 E.	Fort Ave.	N 1 6 1027 136	Dander Paridas
(400 13, 4)		TITO	Out Tall Transcription	TIOMO, IDO E.	TOTO WAC.	111 7 0 1301	

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ND 21201	24 hours ofter death Page 4 may be	pletely filled in by the formal director page 3 and 2 should be filed with 17 hours of the the
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	the III and the transfer of the within 3	ician and campletely fi pers. Pages 1 and 2 sho
DIVISION OF VITAL RECORDS, 201 W	ATTENDED HAY SCIAN The law requires that the usual constitute be executed within 24 hours offer death. Page 4 may be	COM, After the certificate but them named by the filtering in vicinia and completely filled in by the filment direction page 3. The way the filled with 17 haur after death of Health and Mental

040775 JAN	G SFOR STATE		ATE OF MARYLAND F HEALTH AND MENTAL HY	GIENE O 7	1 5 6 0
	REGISTRAR		IFICATE OF DEATH	REG. NO.	
pe 3	1. DECEASED NAME [TYPE OR PRINT]  FIRST  PART  P	Bell Bell	Roy	2ª DATE OF DEATH MONTH	7 87 8-40 M
30)	3. SEX		E OF BIRTH  NTH DAY  4/10/99	6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Poor Poor	7d. BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8. MARK	RIED NEVER MARRIED WED THE DIVORCED	9 BALTIMORE CITY OR COUNTY	Y OF DEATH MD.
ofter d	10. CITY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE SIREET ADDRESS)  Liberty Medical	corother institution Center	174 USUAL OCCUPATION	HZb. KIND OF BUSINESS OR INDUSTRY
LAND 21201 In 24 hours of y filled in by should be file of the post of the pos	USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION UNITY 13t. CITY OR TOWN Baltimore	N) 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 629 N. Calhoun	
MARYLA marking ed within ond 2 sh	14 FATHER'S NAME FIRST Frank	Stokes	Sarah	ME	okes
ALTIMORE, I te be execute ician and car sers. Pages 1	160 WAS DECEASED EVER IN U.S.	ARMED FORCES?   16b SOCIAL SECURITY NO		ADDRESS s 324 Mosher St.	Apt. 301 (17)
T. BALTI	PART I. DEATH WAS CAU	anly one cause per line far (a), (b), and (c). I ISED BY: IATE CAUSE (a).			BETWEEN ONSET AND DEATH  2 / LOCAL
W. PRESTONS in the fleenth con- con- con- flee of a fleenth con- flee of a fleenth fleenth and fleenth fleenth and fleenth fle	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	dep dell	hip Sacrel	1 me-1L
equirer the equirer the litera please to the boards, reports, as a	PART 2 OTHER SIGNIFICAN  O Ticket	T CONDITIONS CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TERM	1 1	1 -
L'AECOS	THECATION 190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY? 206 F YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
OEVITA L physici I physici	71g ACCIDENT WAS UNDERLYING	DEATH HOUR A.M. MONTH DAY YEA	AR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
DIVISION  AND THE THE COME OF THE COME OF THE PROPERTY.  THE COME OF THE COM	(IF EITHER NOTIFY MEDICAL EXAMI	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION	CITY OR TOWN	COUNTY STATE
MENDIN MAIN OF COLUMN AND MAIN	220.1 certify that (1) (this ho	spitol) attended the deceased fram 2 on 1 6 19 87	and that in (my) (aur) apinion	death occurred an the date and had	19 27 that (I) (we) last us and from the causes stated
the best to Describe the Described the Descr	276 SIGNATURE	natiview the bady after death.  N. Mallin	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
HOSPITA PUNEA PUNEA PORTANI	22d PHYSICIAN'S NAME (14)	M. Maler	27e ADDRESS		
DE 54134	730. BURIAL, CREMATION, REMOV		FCEMETERY OR CREMATORY O. Nat. Cem.	23d LOCATION  CITY OR TOWN  Roll timoro	COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Chas.A.Rice FSPA 1300 Eutaw Pl,

